



UNITED STATES *Dressage* FEDERATION

USDF Instructor/Trainer Program

USDF Workshop Host Application and Organizer Agreement

1. Host organization: _____

2. Local Organizer: _____

(Must be an EM, GM, or USDF Participating Member)

Address: _____

E-mail: _____

Telephone: (____) _____ Fax: (____) _____

3. Do you wish for the above-named person to be listed as the contact in promotional materials?

_____ if not, please list new name and phone number: _____

4. Please list which programs you will be hosting:

___ **USDF Instructor/Trainer Riding Workshop through First Level**

Date: _____ Firm? ___ Yes ___ No

Facility: _____ Contracted? ___ Yes ___ No

City/State _____

Instructor: _____ Contracted? ___ Yes ___ No

___ **USDF Instructor/Trainer Riding Workshop through Second Level**

Date: _____ Firm? ___ Yes ___ No

Facility: _____ Contracted? ___ Yes ___ No

City/State _____

Instructor: _____ Contracted? ___ Yes ___ No

___ **USDF Instructor/Trainer Lungeing of the Rider/Seat Lesson through First Level**

Date: _____ Firm? ___ Yes ___ No

Facility: _____ Contracted? ___ Yes ___ No

City/State _____

Instructor: _____ Contracted? ___ Yes ___ No

___ **USDF Instructor/Trainer Lunging of the Rider/Seat Lesson through Second Level**

Date: _____ Firm? ___ Yes ___ No

Facility: _____ Contracted? ___ Yes ___ No

City/State _____

Instructor: _____ Contracted? ___ Yes ___ No

5. Organizer/Hosting Responsibility:

- I understand that the USDF Instructor/Trainer Workshops are to be organized according to the guidelines provided by USDF.
- I understand that the hosting entity is financially responsible for this/these workshop(s). All profits and losses are the responsibility of the hosting entity.
- For your protection, all checks should be made payable to the hosting entity.
- The hosting entity must obtain liability insurance naming USDF as an additional insured and must send a copy of the Certificate of Liability to USDF.
- I understand that all participants and auditors must be a USDF EM, GM or PM. Organizers may contact the USDF Instructor/Trainer Program Liaison to verify memberships if needed.
- The Organizer must sign and return the appropriate waiver of liability to USDF before the start of the workshop.
- **I understand that upon completion of this program, I must submit all necessary paperwork as outlined in the guidelines, within 14 days of the completion of the workshop.**

6. Application Fee

- Please enclose the **\$65** registration fee (per workshop).
- This fee includes USDF University accreditation and registration. All participants will earn four USDF University credits. All other auditors will earn two USDF University credit.

Signature of Program Organizer

Date

Print Name

Full Address of Organizer

(if applicable) Signature of Group Member Organization President

Date

Signature of USDF Regional Director

Date

TOTAL: _____

Payment Information:

___ **Check enclosed (payable to USDF)#** _____

___ **Mastercard** ___ **Visa: #** _____ **Exp.:**

Signature:

Please return to:
United States Dressage Federation
Attn: Instructor/Trainer Program Liaison
4051 Ironworks Parkway, Lexington, KY 40511
Fax: 859/971-7722 Phone: 859/971-2277
instructorcertification@usdf.org