



UNITED STATES *Dressage* FEDERATION  
**USDF Instructor/Trainer Program**

**Host Application for Test/Final Exam**

If you are interested in hosting a USDF Instructor/Trainer Program Test, please submit this form as indicated below. It will be reviewed by the USDF Instructor/Trainer Committee Liaison and forwarded to the USDF Instructor/Trainer Committee for final approval.

It is suggested that tests be scheduled one year in advance.

1. Host organization (if applicable): \_\_\_\_\_

2. Local Organizer: \_\_\_\_\_

**(Must be a current USDF Member; PM, Gm, EM)**

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

3. Do you wish for the above-named person to be listed as the contact in *USDF Connection* magazine?  
 if not, please list new name and phone number: \_\_\_\_\_

Barn Manager: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Hospitality Coordinator: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Administrative Assistant: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

4. What **workshops/pre-certifications** have been held in the area or will be held prior to the testing:

Subject	Approximate Date	Faculty
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **Dates:** Every effort will be made to schedule your first date request, however, it is suggested that you submit an alternative date.

Requested date testing \_\_\_\_\_

Alternative date \_\_\_\_\_

6. **It is recommended that the facility be no more that 1 ½ hours from airport.**

Facility \_\_\_\_\_ Contracted? \_\_\_ Yes \_\_\_ No

Address \_\_\_\_\_

City/State \_\_\_\_\_

Name of Airport \_\_\_\_\_ Distance from Facility \_\_\_\_\_

Name of two local hotels \_\_\_\_\_

	<b>Name</b>	<b>Phone Number</b>
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	<b>Name</b>	<b>Phone Number</b>
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What are their distances from the facility? \_\_\_\_\_

Are there camper facilities on the grounds? \_\_\_\_\_

7. **Arenas:** The facility must have two full size dressage arenas plus an appropriate place for warm-up. One of these arenas must be covered.

Indoor/Covered	_____	_____	_____	_____	Outdoor	
	<b>Number</b>	<b>Size</b>			<b>Number</b>	<b>Size</b>

Warm-up	_____	_____
	<b>Number</b>	<b>Size</b>

Must have ability to drag when needed? \_\_\_\_\_

Must have ability to water when dusty? \_\_\_\_\_

8. **Stabling:** Stabling must be available for at least one horse for each candidate. It is also recommended that additional stabling be available for additions horses that that the candidate may wish to bring as well as for any demo horses that may need to be stabled, whether for the day or overnight.

Number of stalls \_\_\_\_\_

Type of stalls (permanent, temporary, doors, size of stalls): \_\_\_\_\_

9. **What food services are available** (provided on site, fast food, restaurant) \_\_\_\_\_

\_\_\_\_\_

**8. Organizer/Hosting Entity Responsibility:**

- I understand that the USDF Instructor/Trainer education programs are to be organized according to the guidelines provided by USDF.
- I understand that all candidate applications and fees will be sent to and collected by USDF.
- I understand that USDF will be responsible for contracting the examiners for this test.
- I understand that USDF will be financially responsible for all expenses related to the examiners and USDF Staff for this test. This will include travel, housing and food.
- *I understand that the hosting entity is financially responsible for all expenses related to the facility and all other expenses related to this test. This includes, but is not limited to any facility fees, stabling fees, bedding, food and demo horse/rider related expenses. The hosting entity may charge an additional fee to cover these expenses. For your protection, all checks should be made payable to the hosting entity. The Organizer must inform USDF of this fee so that candidates may be informed.*
- USDF will obtain liability insurance for this test.
- I understand that upon completion of this program, I must submit all necessary paperwork as outlined in the guidelines.
- I understand that as organizer I must return a waiver of liability that will be provided to me by USDF.

**I HAVE READ THIS DOCUMENT AND AGREE TO BE BOUND BY ITS TERMS**

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**Signature of Program Organizer**

**Date**

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**Print Name**

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**Full Address of Organizer**

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**Signature of Group Member Organization President (if applicable)**

**Date**

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**Signature of USDF Regional Director**

**Date**

If you have any questions, please contact the Instructor/Trainer Program Liaison at [instructorcertification@usdf.org](mailto:instructorcertification@usdf.org) or 859-271-7877. Return application to USDF, Attn: Instructor/Trainer Program Liaison at the address below.