



UNITED STATES *Dressage* FEDERATION

USDF Instructor/Trainer Program

Demonstration Rider Application; Workshops/Pre-Certifications/Testing

1. **Name:** _____

Address: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

How many years have you been riding dressage? _____ What is the highest level you have schooled? _____

Who do you currently take lessons with? _____ Do you ride in a dressage saddle? _____

2. **Horse's name:** _____

Are you the owner? _____ If not, please list owner's name and address:

Horse's owner: _____

Address: _____

Horse's age _____ height: _____ breed: _____ sex: _____

Horse is schooled through _____ level. Horse has competed through _____ level.

Does this horse show any adverse reaction to the use of dressage whip, lunge whip, and spurs? No ___

Yes ___ (If yes, please explain): _____

In the past six months has this horse had any illness or injuries? No ___ Yes ___ (If yes, please

explain): _____

In the past three months, has this horse had any soundness problems? No ___ Yes ___ (If yes, please

explain): _____

In the past three months, has this horse bucked, reared or bolted while under saddle? No ___ Yes ___ (If

yes, please explain): _____

In the past six months, has this horse shown any aggressive behavior toward people (biting, kicking etc.) or horses (difficult to ride in a group) ? No ___ Yes___ (If yes, please explain): _____

3. Activities

Please put a checkmark by all of the activities you would volunteer to do. Indicate by placing an asterisk next to the appropriate area, the activity you would most prefer to participate in.

- Horse/rider combination to take private lesson
- Horse/rider combination to take group lesson
- Horse to be lunged without a rider
- Horse/rider combination to take lunge lesson
- Rider to take lunge lesson on other horses
- Horse to be ridden by a Participating Instructor in the program.

4. Fitness Level

Each demonstration session is about 10 minutes of warm-up outside main arena, 30 minutes of work, and another 15 minutes of discussion while you are walking the horse. Knowing you and your horse's fitness level, and knowing the typical temperature expected on the date of this program, please indicate the maximum sessions you want to be scheduled:

1 session per day 2 sessions per day 3 sessions per day

5. Scheduling requests

What days are you available to participate: _____

What hours are you available to participate? (8 am-6 PM) _____

Rider signature
(Parent/guardian signature required if under age 18)

Date

Horse owner signature
(Parent/guardian signature required if under age 18)

Date

Please return by _____

To the organizer: _____

or fax: (_____) _____