



INSTRUCTORS' CERTIFICATION PROGRAM STUDENT VERIFICATION FORM



_____ (is/was) my event riding instructor
(Name of Instructor) (circle one)

COMPETITION LEVEL

BN, N, T, P, I, A (circle one)

BN, N, T, P, I, A (circle one)

BN, N, T, P, I, A (circle one)

Dressage

Cross-Country

Show Jumping

HOW LONG HAVE YOU WORKED WITH THIS INSTRUCTOR AT THIS LEVEL?

What type of lessons have you taken from this instructor?

Individual

Clinics

Other

Comments: _____

STUDENT NAME: _____

STUDENT SIGNATURE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

USEA MEMBER NUMBER: _____ DATE: _____

PLEASE MAIL, EMAIL OR FAX TO:
Nancy Knight, USEA Director of Education
525 Old Waterford Road, NW
Leesburg, VA 20176
703-669-9997
703-779-0550 (fax)
nancy@useventing.com