



# USEA Training Program for Eventing Officials Prospective “r” Eventing Judges Dressage Session II

**MAY 7-8, 2018 | APPLEWOOD FARM | CALIFON, NJ**

FULL NAME: \_\_\_\_\_ USEA MEMBER #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**FULL PARTICIPATION FEE: \$325**

**AUDITING FEE\*: \$50/DAY**

**Please check one:**

- I am registering as a full participant
- I wish to audit\*:     Monday     Tuesday    Total number of days auditing: \_\_\_\_\_

**I prefer/require vegetarian food.** We are unable to accommodate gluten free, salt free, etc. food. Should your dietary requirements be anything other than vegetarian, please provide your own food.

**Please list any USEF license(s) held:** \_\_\_\_\_

**PAYMENT:**

- Enclosed is my check (Payable to the USEA) to cover the registration fee
- Please charge the fee to my:     Visa     Master Card     American Express

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

**DEADLINE: APRIL 6, 2018**

**MAIL THIS SIGNED REGISTRATION FORM AND PAYMENT BY April 6 TO:**

Nancy Knight, Director of Education | USEA, 525 Old Waterford Road, NW, Leesburg, VA 20176  
Questions? Telephone: 703-669-9997 | Fax 703-779-0550 | Email: nancy@useventing.com

I have applied to participate in this USEA/U.S. Equestrian Federation sponsored activity. I agree that my participation is subject to the conditions in this release and to those set by the organizer of this activity, the regulations and requirements of the USEA and USEF, and, where applicable, the U.S. Equestrian Federation Rules for Eventing. I release and agree to hold harmless the activity organizer, organizing committee, officials, and the owners of any property on which it is to be held, from all liability for negligence resulting in accidents, damage, injury, or illness to myself and to my property.

**THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED IF YOU WISH TO PARTICIPATE IN THIS ACTIVITY.**

**PARTICIPANT’S NAME (PLEASE PRINT):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\* Attending this session as an auditor does not fulfill the “r” Eventing Judge Licensing training program requirement.**