



# INSTRUCTORS' CERTIFICATION PROGRAM

## STUDENT VERIFICATION FORM



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

### COMPETITION LEVEL

- S,  BN,  N,  T,  M,  P,  I,  A (select one)
- S,  BN,  N,  T,  M,  P,  I,  A (select one)
- S,  BN,  N,  T,  M,  P,  I,  A (select one)

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

- Dressage \_\_\_\_\_
- Cross-Country \_\_\_\_\_
- Show Jumping \_\_\_\_\_

### 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:

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