



USEA Training Program for Eventing Officials

Prospective “r” Eventing Judges Dressage Session I

JANUARY 19 & 20, 2022 - VIRTUAL/CLASSROOM SESSION

JANUARY 26 & 27, 2022 ON-SITE | BARNSTAPLE SOUTH | OCALA, FL

Wednesday (1/19) Thursday (1/20) Wednesday (1/26) Thursday (1/27)
(virtual classroom) (virtual classroom) (Barnstaple South) (Barnstaple South)

FULL NAME: _____ USEA MEMBER #: _____
ADDRESS: _____ USEF MEMBER #: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ EMAIL: _____

FULL PARTICIPATION FEE: \$400 AUDIT FEE*: \$25/DAY

Please check one:

I am registering as a full participant

Full Participants must attend both the mandatory virtual classroom days and the on-site days

I wish to audit*: Wednesday (1/19) Thursday (1/20) Wednesday (1/26) Thursday (1/27)
(virtual classroom) (virtual classroom) (Barnstaple South) (Barnstaple South)

Total number of days auditing: _____

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: _____ Zip Code: _____

Signature of card holder: _____

DEADLINE: DECEMBER 30, 2021

MAIL OR EMAIL THIS SIGNED REGISTRATION FORM AND PAYMENT BY DECEMBER 30 TO:

Nancy Knight, Sr. 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): _____

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

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