



ORGANIZERS' APPLICATION

USEA EDUCATIONAL ACTIVITY AND ICP WORKSHOP REGISTRATION

For: camps, cross-country schooling, clinics, seminars, schooling shows, and ICP workshops

This registration application **MUST** be received by the USEA office at least **10** business days prior to the start of the activity in order for the activity to be considered for approval, and therefore eligible for insurance coverage. For applications received **10 to 6** business days prior to the start of the activity, if approved, a late fee of \$50 may be charged. For applications received **5** or less days prior to the start of the activity a late fee of \$100 may be charged. Approval of any application is at the discretion of the USEA. It is the organizer's responsibility to confirm that their application has been received by the USEA and that the activity has been approved. The activity will **ABSOLUTELY NOT** be approved or insured if paperwork is received in the USEA office after the activity has begun.

Name of Activity: _____
Please use this name, as registered, on all documents, including release forms and in publicity

Date(s) to be held: _____ USEA Area: _____

Location: _____ State: _____
Please list farm name or vicinity. This location is the reference that will be used for all USEA publicity.

Organizer's name: _____ USEA # _____
Organizer must be an individual, over the age of 18 and a current USEA member. Multiple or company organizers are not allowed.
The organizer must be declared on this application in order to be covered by insurance.

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

TYPE OF ACTIVITY: (check one) Camp Clinic Event College Schooling Day(s) Schooling Show Seminar
 Teaching of Dressage ICP Workshop Teaching of Show Jumping ICP Workshop Other: _____

Fee to be charged: _____

ICP Certified Instructor Discount: Yes No ICP Rate: \$ _____

Instructor(s)/Coach(es): _____

FACILITIES TO BE USED SPECIFICALLY FOR: Cross-Country Schooling Riding Clinic Stabling Other: _____

LANDOWNER/BUSINESS NAME: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

If additional site(s) are to be used check here and attach information for each site. All landowners must be declared on this application and/or the insurance company must be notified by request to have them named as Additional insureds, prior to the activity taking place. If this is not done, these parties will have no insurance coverage.

ACCEPTANCE OF TERMS: I have read the Requirements for the USEA Educational Activity written on the reverse of this Application, and the USEA Release Form. I understand those Requirements and terms and the responsibility I accept as a USEA educational activity organizer. I agree as a condition of USEA registration of this activity to adhere to those conditions and to pay the appropriate fees.

Organizer's Signature: _____ Date: _____

FEES: 1 day: \$100 2-4 days: \$150 4+ days: \$150 + \$45 per each day over 4 1 set of digital USEF Dressage Tests: \$10
 Enclosed is my check, drawn payable to USEA, or please charge my: VISA MC AMEX for \$ _____

Credit card #: _____ Exp. Date : _____ CV#: _____ Billing Zip code: _____

Signature: _____

MAILING LISTS: The USEA will provide mailing lists electronically in an Excel format file. Please check if you would like to receive one.

Send complimentary mailing list sorted by: Area State Zip Code Last Name Email USEA logo for publicity use only

MAIL THIS SIGNED APPLICATION FORM AND FEE TO: USEA, 525 Old Waterford Rd., NW, Leesburg, VA 20176
A copy of the approved form will be returned to you. Incomplete applications will not be processed.

OFFICE USE ONLY	USEA approved by: _____ Date: _____
	<input type="checkbox"/> Website Listing <input type="checkbox"/> Labels <input type="checkbox"/> Logo <input type="checkbox"/> Brochures (PDF)