



# UNITED STATES DRESSAGE FEDERATION™

## USDF National Education Initiative Event Application

This application is for GMOs or GMO chapters who wish to host a **USDF National Education Initiative** program. Program organizers must be affiliated with a GMO or GMO Chapter. If you have any questions about the program or in completing this application please contact [education@usdf.org](mailto:education@usdf.org) **ALL SECTIONS ARE REQUIRED. There is a \$65 application fee**

### Program Details

Organizer name: \_\_\_\_\_

Street address \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

GMO/Chapter name: \_\_\_\_\_ GMO/Chapter USDF Region: \_\_\_\_\_

Website: \_\_\_\_\_

Proposed program name: \_\_\_\_\_

Date(s) of the proposed program: \_\_\_\_\_

Please check that box that best describes this program.

Clinic/symposium     Ride-a-test     Camp     Unmounted event

Program description:

## Instructor Details

Name of instructor: \_\_\_\_\_

Please check the box that describes this instructor's credentials

USDF Certified instructor       USDF L graduate with Distinction (has completed CE requirements)

USDF L Faculty Member       USDF Honorary instructor       USEF/FEI Judge

USDF Instructor/Trainer Examiner/Faculty Member

Instructor exception request (**already approved by USDF**)

Instructor exception request. This section should be filled out only if the instructor does not possess one of the above credentials. All sections are required.

Detailed Instructor Bio (may be attached separately):

List events this instructor has presented for USDF or a GMO in the past:

Contact information for organizer or GMO for above event(s):

Names of any additional instructors to be used in this program (if applicable):

List credentials of additional instructors(if applicable):

**Program Procedures and Policies**

**Rider/participant requirements and selection procedure**

Rider/participant fee(s):

Auditor fee(s):

Refund Policy:

How will the GMO/GMO Chapter market this program locally?

Will a USDF National Education Initiative Grant be applied for to help fund this program?

Will this program still occur if a grant is not awarded?

**Budget**

You may use this form or attach your own to present your proposed budget. A budget must be submitted.

<b>Revenue Sources</b>	<b>Budget</b>
Rider/Participant Fees	_____
Stabling	_____
Auditor Fees	_____
USDF Grant	_____
Additional Grant(s)	_____
Sponsors	_____
Donations	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
<b>Total Revenue</b>	_____

<b>Expenses</b>	
Primary Instructor Fee	_____
Additional Instructor Fees	_____
Instructor Travel(airfare/gas)	_____
Lodging Costs	_____
Facility Rental	_____
Equipment Rental	_____
Instructor Food Expenses	_____
USDF Fees	_____
Insurance	_____
Office Supplies	_____
Food/Catering	_____
Volunteer expenses	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
<b>Total Expenses</b>	_____

**Net Profit/Loss** \_\_\_\_\_

**The undersigned applicant understands and agrees to the following:**

- USDF must receive program applications at least 120 days prior to the event. Additional deadlines apply if requesting NEI Grant funding. For grant specific deadlines please see the Grant application.
- USDF membership of any level is required to participate as a rider in these programs. Membership may be obtained as a part of the program. There is no membership requirement for auditors or participants in an unmounted program.
- Riders must be 21 or older as of the date of the program.
- Auditors are not required but must be allowed and encouraged. No private events will be accepted.
- The GMO/Chapter will be financially responsible for the program.

**Application requirements**

- Applications must include:
  - A clearly defined refund policy.
  - A clearly defined rider selection procedure, if mounted opportunities are available.
  - A budget for the program. It is recommended that programs be budgeted in a way that provides affordable riding and auditing opportunities for the membership and local area, taking into account the venue and instructor’s costs. The preliminary budget will be sent in a supplemental email to [education@usdf.org](mailto:education@usdf.org) upon submission of this application. Please contact [education@usdf.org](mailto:education@usdf.org) if you need assistance in developing a budget.
  - A marketing plan that openly promotes opportunities to USDF members and promotes the attendance of auditors.

**Responsibilities prior to the program**

- All National Education Initiative programs must obtain at least \$1 million of liability insurance coverage, naming USDF as an additional insured at least 60 days prior to the program start date.
- The GMO/Chapter will, contact instructor(s), organize, promote locally, and facilitate all aspects of the program.
- When selecting riders, the GMO/Chapter will adhere to their stated rider selection guidelines.

**Responsibilities at the program**

- All participants, instructors, organizers, auditors and volunteers must physically sign a state specific waiver of liability for USDF. USDF will supply organizers with this form upon application approval.

**Responsibilities after the program**

- A complete roster of attendees, all signed waivers and a final profit/loss statement must be sent to the USDF office within 14 days of completion of the program.
- Organizers are encouraged to submit photos and a program recap for possible inclusion in USDF’s *Your Dressage*, a monthly electronic publication.

The information contained in this application is accurate and complete.

\_\_\_\_\_  
Organizer Signature

\_\_\_\_\_  
Date

**Payment Options**  
**Application fee: \$65**

Check or money order, payable to USDF (US funds only, please).

Credit Card: I authorize USDF to bill my:

Visa    MasterCard (Visa or MasterCard only, please). Do NOT scan and email credit card information.

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature of Card Holder

Billing Address if different from above: \_\_\_\_\_

**Return this form to:**  
**Attn: National Education Initiative**  
**4051 Iron Works Parkway**  
**Lexington, KY 40511**

**Fax: (859) 971-7722**

Or by email

(Don't include credit card information using this method, we will verify by phone)

**education@usdf.org**