



# 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: \_\_\_\_\_

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

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

Name of proposed facility: \_\_\_\_\_

Facility street address \_\_\_\_\_

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

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: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**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**