



# UNITED STATES DRESSAGE FEDERATION™

## USDF GMO Education Initiative Event Application

This application is for GMOs or GMO chapters who wish to host a **USDF GMO 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). **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: \_\_\_\_\_

GMO or Event Website: \_\_\_\_\_

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

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

Please check the box that best describes this program.

Clinic/symposium     Ride-a-test     Camp     Unmounted event

Detailed program description:

**Instructor Details**

Name of Primary Instructor: \_\_\_\_\_

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

Credentials of any additional instructors (if applicable):

Please check the box or boxes that describes the Primary 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**)

<b>For Office Use Only</b>
Instructor SafeSport: <input type="checkbox"/>
Date of Expiration: _____

*Instructor exception request still needed. Complete the sections below **only** if the instructor does not possess one of the above credentials. All sections are required for an instructor to be considered, exceptions are not guaranteed.*

*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):*

**Program Procedures and Policies**

Rider/participant fee(s):

Auditor fee(s):

Rider Refund Policy:

Auditor Refund Policy:

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

What is your rider selection procedure?

**Budget**

Please use this form to submit your initial budget projections for your event. You will need to submit a completed budget after the event as well.

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

## GMO Education Initiative Grant Application (Optional)

This application is for organizers of GMO Education Initiative approved events who wish to also apply for a **USDF GMO Education Initiative Grant**. Grants may be used to help pay for facility and/or instructor related expenses.

### Grant Request Information

Grants are a maximum of \$1000.

Enter the amount of your request: \_\_\_\_\_

Up to 50% of grant funds may be available for dispersal prior to your event to help cover up front costs.

Check here if you are requesting an early dispersal

Enter the amount of early dispersal requested: \_\_\_\_\_

Enter the date early dispersal will be needed: \_\_\_\_\_

Itemize expenses that early dispersed funds will cover:

If the grant does not cover all of the expenses incurred for the event, how will the balance of expenses be funded?

### GMO Education Initiative Event Objectives

A primary objective of the Grant Program is to help create more affordable educational opportunities for members.

How will this event meet this objective?

#### For Office Use Only

Approved

Date \_\_\_\_\_

Liaison Signature:  
\_\_\_\_\_

Another primary objective of the Grant Program is to benefit members who have previously had limited access to instruction. How does this event meet this objective?

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

Yes No

Is this a continuation of a program the GMO/Chapter has presented in the past?

Yes No

If yes, what changes will be made to ensure the program meets the objectives of affordability and providing **new** or **expanded** opportunities for members with limited access to instruction?

How will the GMO/Chapter promote this event locally?

Describe any additional grants or sponsorships that the GMO/Chapter will be seeking:

## Event Requirements Acknowledgement

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

### **Responsibilities prior to the event**

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

### **Responsibilities at the event**

- All participants, instructors, organizers, auditors and volunteers must physically sign a state specific waiver of liability for USDF. USDF will supply organizers with a digital file of this form upon application approval.
- **If you used an instructor exception request you must also use the provided evaluation forms which will be sent digitally. Remaining grant funds will not be distributed without these evaluations.**
- The organizer will compile a legible roster of all attendees and volunteers. Organizers may choose to utilize the available USDF Sign-in Sheet digital file.

### **Responsibilities after the event**

- 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 event.
- Organizers are encouraged to submit photos and an event recap for possible inclusion in USDF's Your Dressage, an electronic publication.
- If the event generates a profit, the GMO or chapter will reimburse USDF for funds distributed prior to the event, up to the break-even point.

**\*\*\*Please be advised:** Organizers of programs requesting an Instructor Exception and receiving a grant will have the additional responsibility of submitting post program evaluations as an additional requirement of final grant fund disbursement. **While it is our goal to receive evaluations from 100% of participants, responses from a minimum of 80% of riders and 50% of auditors is required and it shall ultimately be the organizers responsibility to insure compliance.** Evaluation responses will help the review committee determine if the Instructor is a good candidate for future exceptions so it is critical that organizers and participants understand their role in insuring the quality of instruction and education being presented.

*The information contained in this application is accurate and complete.*

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Organizer Signature

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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: GMO 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**