



# UNITED STATES DRESSAGE FEDERATION™

## USDF L Education Program

### Part 1 Application

GMO/Host \_\_\_\_\_

Name: \_\_\_\_\_ USDF Member #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ email: \_\_\_\_\_

Phones: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

1. Goals: (check all that apply)

- I intend to take the program to learn to identify correct performance.
- I intend to become a USDF L Program Graduate.
- I intend to enter the United States Equestrian Federation, Inc. (USEF) “r” Judge Training Program.
- I intend to participate in Part 1 only (A – C Sessions).
- I intend to participate in Part 1 and Part 2 (if accepted into Part 2).

2. Prerequisite: Current USDF member (GM/EM/PM)

I am a current member of USDF.

3. What is the highest level at which you have competed in USEF- licensed/USDF- recognized competition?

\_\_\_\_\_

4. If accepted as a participant, I will make a commitment to attend:

Sessions A, B, and C  Yes  No

**Please note:**

- 1. Only 10 participants can be accepted into Part 2. Please check with the organizer regarding availability and requirements.**
- 2. Organizers are not required to host a Part 2.**

**The minimum score requirement to enter Part 2 are three scores from three USEF-licensed dressage judges, two scores of 65% or higher at the highest test of Second Level and one score of 62% or higher at Third Level or above. Three scores of 62% or higher at Third Level or above from three different, or any combination of these requirements would also meet the requirements to enter Part 2. Only scores from USEF-licensed/USDF-recognized competition(s) will count.**

Anyone wishing to complete the L Education Program or retest that has exceeded five years from their last session will be required to participate in or audit all Part 1 sessions and purchase access to the current L Education Program material.

As a member in good standing of the United States Dressage Federation (USDF) and participant in the USDF L Education Program (L Program) I acknowledge I have read and agree to follow the protocols and procedures outlined in the current edition of the Participant Guide. I acknowledge my responsibility to act in a professional and ethical manner while attending the L Program sessions and while meeting any requirements to complete the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

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**Return this form by:** \_0\_3\_ / 1\_2\_ / 2\_0\_2\_2\_

**To:** [ccaverly@comcast.net](mailto:ccaverly@comcast.net) or GDCTA c/o Caren Caverly 6370 Spinnaker Lane Alpharetta, GA 30005

**For Participates:** Participates who cancel after confirming their participation and sending payment to attend the L Program will receive a refund, minus a \$25 processing fee, only in the event a replacement rider can be found by GDCTA. Participates who must cancel due to medical reasons may receive a refund if GDCTA is properly notified in writing, via mail or e-mail, including physician statement. If no replacement is available, the Participate will not receive a refund.