



UNITED STATES *Dressage* FEDERATION

L Education Program

USDF Part 1: A Judge's Perspective 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? _____

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: _____

Return this form by: October 19, 2016

To: Albion College Equestrian, c/o Carolyn Killewald, 611 E Porter St., Albion MI 49224

Make Checks Payable To: GLASS-ED