



# PARA-EQUESTRIAN DRESSAGE PROGRAM STRUCTURE AND PATHWAYS

DIVISION (Please check one) ELITE \_\_\_\_\_ DEVELOPING: \_\_\_\_\_ EMERGING: \_\_\_\_\_

## RIDER

Name: \_\_\_\_\_  
First Last USEF #

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City/State/ZIP

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Is email a reliable way to reach you?  Yes  No

## HORSES (Athlete/Horse Combination Required for Elite and Developing Divisions)

Horse I USEF# \_\_\_\_\_ Horse Owner (1) Name \_\_\_\_\_

Horse II \_\_\_\_\_ Horse Owner (2) Name \_\_\_\_\_

Email \_\_\_\_\_

Coach Name \_\_\_\_\_ Coach Contact \_\_\_\_\_ Phone: \_\_\_\_\_

## BINDING AGREEMENT (The rider is required to sign the following Agreement.)

*I have read and understand the Para-Equestrian Dressage Program Structure and Pathway plan and requirements for each Division. I have completed the application and submitted required scores for the Division in which I am applying. By providing my handwritten or electronic signature below, I acknowledge the aforementioned and agree to accept my role and responsibilities as a participant in the Para-Equestrian Dressage Program Structure and Pathway.*

\_\_\_\_\_  
Rider Electronic Signature – Type Rider Name

\_\_\_\_\_  
Rider Email Address

\_\_\_\_\_  
Parent Electronic Signature – If Rider is a minor

\_\_\_\_\_  
Parent 1 Email Address

In order to be considered for the Para-Equestrian Dressage Program Structure and Pathway, an **Application** must be completed and submitted to USEF along with qualifying scores for the Division for which I am applying. Applicants will receive confirmation of receipt.

If you have any questions regarding the program, please contact Laureen Johnson at [lkjohnson@usef.org](mailto:lkjohnson@usef.org) or 859-225-7693.

Please return completed application and applicable scores, if any, to Laureen Johnson, Director of Para-Equestrian and Vaulting, [lkjohnson@usef.org](mailto:lkjohnson@usef.org), or via fax to 908-234-9417.