



**USEF/USPEA INTERNATIONAL PARA-EQUESTRIAN CENTER OF EXCELLENCE APPLICATION**

**Center Information:**

Name of Center: \_\_\_\_\_

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

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

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

Name of Center Representative: \_\_\_\_\_

**Center Representative's Information:**

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Coaches Associated with Center:

\_\_\_\_\_ Experience: \_\_\_\_\_

\_\_\_\_\_ Experience: \_\_\_\_\_

\_\_\_\_\_ Experience: \_\_\_\_\_

\_\_\_\_\_ Experience: \_\_\_\_\_

Number of Staff: \_\_\_\_\_

Affiliations with other Equestrian Organizations:



Complete the Checklist: (All supporting material must be typed)

**This Center offers the following amenities:**

Disability compliant facilities

- Handicapped accessible restroom(s)
- Mounting ramp

An affiliated Coach

60m x 20m all-weather arena with quality footing that would meet FEI competition standards

Covered Arena (minimum of 40 x 20m)

Indoor Arena (minimum of 40 x 20m)

Ability to run competitions in a 60m x 20m (i.e. warm up facilities and Judging Box options)

Stables that meet FEI standards

Arena seating

How many: \_\_\_\_\_

Spare stalls for visiting athletes/horses.

How Many: \_\_\_\_\_ Type of Stabling: \_\_\_\_\_

Access to horses

Please elaborate:



Room for Human SSM / Classifier personnel

Horse Inspection area

Access to an FEI approved Veterinarian

Local hotels with disability compliant rooms;

Distance to closest hotels: \_\_\_\_\_

Distance to Closest Airport: \_\_\_\_\_

On site housing

Catering facilities on site or ability to bring in caterers

Parking human/trailer;

Permanent PA system for Clinicians/Announcers;

Meeting space to accommodate up to 20 individuals with Power Point capabilities;

What programs do you offer for able-bodied Dressage and what level?



Does your Center currently offer programs for riders with physical disabilities?

How do you see your COE developing and what would be your long-term aims and goals?

Please attach promotional materials if available.

Submitted by:

Name: \_\_\_\_\_  
Please print

Title: \_\_\_\_\_

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

**PLEASE SUBMIT YOUR APPLICATION VIA EMAIL, FAX OR REGULAR MAIL TO:**

United States Equestrian Federation, Inc.  
Attention: Laura Roberts  
4047 Iron Works Parkway  
Lexington, KY 40511

Contact Information:

Email: [lroberts@usef.org](mailto:lroberts@usef.org)  
Phone: 859-225-6986 Fax: 859-231-6662