Schooling Supervisor
Documentation of Experience for C1
Stewards

Competition name:___________________________________________________ Competition #________

Location:_________________________________________________________  Date:_______________

City, State

Competition Manager:_________________________________________________________________________

This is to confirm that __________________________________ Member #________________

Name

☐ Officiated as the Schooling Supervisor in classes of $25,000 or more at the above listed competition.

☐ Apprenticed with the Steward or Supervisor of Schooling in classes of $25,000 or more at the above
listed competition.

Number of classes with $25,000 or more _______________

Comments or Levels offered:

...............................................................................................................................
...............................................................................................................................
...............................................................................................................................
...............................................................................................................................
...............................................................................................................................
...............................................................................................................................
...............................................................................................................................
...............................................................................................................................
...............................................................................................................................

Signature of Supervisor of Schooling Supervisor/Competition Manager………………………………………….

Date……………………………………...

United States Equestrian Federation
4047 Iron Works Parkway  Lexington, KY  40511
Phone:   859-258-2472       Fax:  859-231-6662
loinquiry@usef.org

2/13/2019