

USDF Host Application

A. Competition Info			
_			
USDF Region:	Competition date:		
Name of facility when	re show will be held:		
Street:			
City:	State:	Zip:	
Website:			
B. Contact Informati	on		
Competition Manage	r:		
•			
	Email:		
•	y:		
Phone:	Email:		
C. C	**		
C. Competition RecogWill this competition		Yes	No
	ne USEF Competition Number		
	-		
Name of Competit	ion:		
recognized classes and co and must be offered on a	ager and Secretary must agree to abide by all USEF and impetitions. Non-recognized classes can not be held dur separate day from the recognized competition. uth Regional Team Competition portion of the competition is a separate day from the competition portion of the competition portion provided pr	ing a recognized co	ompetition
Licensed/USDF-R fill out a Competit	ecognized? (Please Note: to recognize this compion Recognition application form. The same management of the same o	etition with USD	F, please
	ion classes held on the same day as a recognized compe nd be in accordance with all USEF and USDF rules res		

Competition Manager	Date
USDF Regional Director	Date

A CERTIFICATE OF LIABILITY INSURANCE WITH USDF LISTED AS AN ADDITIONAL INSURED MUST ACCOMPANY THIS HOST APPLICATION.

A WAIVER OF LIABILITY RELEASE MUST BE SIGNED BY THE ORGANIZER AND/ORORGANIZING COMMITTEE. (The appropriate waiver will be sent to organizer upon receipt of application and must be returned to the USDF office prior to the start of the competition.)

NO HOST APPLICATION WILL BE APPROVED UNTIL A CERTIFICATE OF LIABILITY INSURANCE FORM AND A WAIVER OF LIABILITY RELEASE ARE RECEIVED BY USDF.

Please return this application to:

United States Dressage Federation
Attn: Youth Regional Team Competition Liaison
4051 Iron Works Parkway
Lexington, KY 40511
youth@usdf.org

D. Approved Signatures: