



UNITED STATES DRESSAGE FEDERATION™

USDF USDF Jr/YR Clinic Series

Funding support provided by The Dressage Foundation and the United States Equestrian Federation

Region: _____

Preferred Dates: _____ or _____ or _____
Please give multiple date options.

Organizer Name: _____

Organizer Phone: _____ Email: _____

Facility Name: _____

Facility Address: _____

Facility Owner Name: _____

Facility Owner Phone: _____ Email: _____

Use of facility is donated: YES NO At least 8 stalls are available on site: YES NO

Indoor Arena: YES NO Covered Arena: YES NO

Alternate Facility: _____

Facility Address: _____

Facility Owner Name: _____

Facility Owner Phone: _____ Email: _____

Use of facility is donated: YES NO At least 8 stalls are available on site: YES NO

Indoor Arena: YES NO Covered Arena: YES NO

Regional Director Signature: _____

Regional Coordinator Signature: _____

Please return the completed form to Jr/YR Clinic Coordinator at jryrclinics@usdf.org or fax to 859-971-7722