



UNITED STATES DRESSAGE FEDERATION™

USDF

L Education Program

Part 1 Application

GMO/Host _____

Name: _____ USDF Member #: _____

Address: _____

City/State/Zip: _____ email: _____

Phones: Day _____ Evening _____ Cell _____

1. Goals: (check all that apply)

- I intend to take the program to learn to identify correct performance.
- I intend to become a USDF L Program Graduate.
- I intend to enter the United States Equestrian Federation, Inc. (USEF) “r” Judge Training Program.
- I intend to participate in Part 1 only (A – C Sessions).
- I intend to participate in Part 1 and Part 2 (if accepted into Part 2).

2. Prerequisite: Current USDF member (GM/EM/PM)

I am a current member of USDF.

3. What is the highest level at which you have competed in USEF- licensed/USDF- recognized competition?

4. If accepted as a participant, I will make a commitment to attend:

Sessions A, B, and C Yes No

Please note: 1. Only 10 participants can be accepted into Part 2. Please check with the organizer regarding availability and requirements.

2. Organizers are not required to host a Part 2.

The minimum score requirement to enter Part 2 are three scores from three USEF-licensed dressage judges, two scores of 65% or higher at the highest test of Second Level and one score of 62% or higher at Third Level or above. Three scores of 62% or higher at Third Level or above from three different, or any combination of these requirements would also meet the requirements to enter Part 2. Only scores from USEF-licensed/USDF-recognized competition(s) will count.

Anyone wishing to complete the L Education Program or retest that has exceeded five years from their last session will be required to participate in or audit all Part 1 sessions and purchase access to the current L Education Program material.

As a member in good standing of the United States Dressage Federation (USDF) and participant in the USDF L Education Program (L Program) I acknowledge I have read and agree to follow the protocols and procedures outlined in the current edition of the Participant Guide. I acknowledge my responsibility to act in a professional and ethical manner while attending the L Program sessions and while meeting any requirements to complete the program.

Signature: _____ Date: _____

Printed name: _____

Fee for Session A,B, and C for participants is \$1050 for RMDS members. \$1125 for non members. You may pay by check or by paying online at <https://www.rmids.org/payment>

Return this form by: 09 / 01 / 2022 ___

To: m_hoepner@hotmail.com or RMDS c/o MaryJo Hoepner 8250 Mustang Place Colorado Springs CO 80908 _____

For Participates: Participates who cancel after confirming their participation and sending payment to attend the L Program will receive a refund, minus a \$50 processing fee, only in the event a replacement rider can be found by RMDS. Participates who must cancel due to medical reasons may receive a refund if RMDS is properly notified in writing, via mail or e-mail, including physician statement. If no replacement is available, the Participate will not receive a refund.