



OFFICIALS PROGRAM

REQUEST TO ATTEND USEF CLINIC

NAME: _____ **EG#:** _____

For discipline specific clinic restrictions, please consult the appropriate section in EC's Rules & Regulations.

1 – REASON FOR ATTENDING

Maintenance Requirements _____

Promotion _____

2 – OFFICIAL ROLE

_____ Course Designer _____ Judge _____ Steward _____ Technical Delegate

3 – DISCIPLINE OR DIVISION

_____ Dressage _____ Para-Dressage _____ Eventing _____ Reining
 _____ Jumping _____ Hunter _____ Hack _____ Equitation
 _____ General Performance _____ Western _____ Endurance _____ Vaulting
 _____ Combined Driving _____ Draft Horse Driving _____ Driven Dressage _____ Pleasure Driving
 _____ Driving _____ Driving _____ Dressage _____ Driving

Breed: _____

4 – OFFICIAL LEVEL

_____ Learner _____ Recorded Senior _____ Basic _____ Medium
 _____ Senior _____ National _____ Recorded 1 _____ Recorded 2
 _____ Level 1 _____ Level 2 _____ Level 3 _____ Not Applicable



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5 – REASON FOR REQUEST

6 – USEF CLINIC INFORMATION

Clinician: _____ Date: _____

Location: _____

City: _____ State: _____

Description: _____

By signing this form, I acknowledge that I have read, understand and agree to be bound by the rules addressing the application process and the Rules of Equestrian Canada.

Signature

Date

Equestrian Canada
Officials Program
c/o House of Sport, 2451 Riverside Drive, Ottawa ON K1H 7X7
Tel: (613) 287-1515, Fax: (613) 248-3484
E-mail: officials@equestrian.ca