



# OFFICIALS PROGRAM

## UPDATING FORM FOR USEF CLINIC

**NAME:** \_\_\_\_\_ **EG#:** \_\_\_\_\_

### 1 – OFFICIAL ROLE

\_\_\_\_\_ Course Designer      \_\_\_\_\_ Judge      \_\_\_\_\_ Steward      \_\_\_\_\_ Technical Delegate

### 2 – 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

Breed: \_\_\_\_\_

### 3 – OFFICIAL LEVEL

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

### 4 – USEF CLINIC INFORMATION

Clinician: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_



## **OFFICIALS PROGRAM UPDATING FORM FOR USEF CLINIC**

To Be Completed by USEF Clinician/Organizer

I hereby certify that the above named Official has successfully completed the above named clinic.

USEF Clinician / Organizer Name: \_\_\_\_\_

USEF Clinician / Organizer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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