United States Equestrian Federation, Inc.
Verification of Attendance
Sessions A, B and C of the USDF 'L' Training Program

Candidate Judge Name _____ **USEF #** _____

Session A:

Name of the program:_____

Name of the instructor:_____

Location & Date:_____

Name of Organizer (*print*):_____

Signature of Organizer_____

Session B:

Name of the program:_____

Name of the instructor:_____

Location & Date:_____

Name of Organizer (*print*):_____

Signature of Organizer_____

Session C:

Name of the program:_____

Name of the instructor:_____

Location & Date:_____

Name of Organizer (*print*):_____

Signature of Organizer_____

Candidate signature_____Date:_____

Upon completion of the above, sign and return to USDF.