

Dressage Technical Delegate Verification of Experience



Name		USDF Member #		USEF Member #	
Birthdate	Phone #	Email			
Address	er and Street	City	State	Zip Code	
•	e experience at three r, groom, owner, or o	e different Federation I coach:	icensed dres	sage competitions as	
1. Competitio	on Name:				
Date of Co	mpetition:				
Name of Ho	orse:				
Type of Ex	perience (groom, co	ach, etc.):			
2. Competitio	on Name:				
Date of Co	mpetition:				
Name of Ho	orse:				
Type of Ex	perience (groom, co	ach, etc.):			
3. Competitio	on Name:				
Date of Co	mpetition:				
Name of Ho	orse:				
Type of Ex	perience (groom, co	ach, etc.):			
ignature of Applicant				Date	