

Oregon Dressage Society, Inc.

USDF Instructor Workshop	Participating Instructor Application Form
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Instructions:

Click inside response box and type your response (font will change automatically).
 Type an "X" in the bold boxes to indicate a positive response.
 Boxes will expand automatically as you type.
OR, print this form and fill out by hand.

Workshop(s) of interest:

<input type="checkbox"/>	Lunging the Horse Workshop	February 26-27, 2005
<input type="checkbox"/>	Lunging the Rider Workshop	May 7-8, 2005
<input type="checkbox"/>	Riding/Training Workshop	July 30-31, 2005
<input type="checkbox"/>	Teaching Workshop	October 15-16, 2005

I would like to be a(n):

<input type="checkbox"/>	Participating Instructor
<input type="checkbox"/>	Participating Instructor or Auditor
<input type="checkbox"/>	Auditor Only

Name:					
Address:					
City:		State:		ZIP:	
Phone (home):		Phone (barn):			
Phone (cell):		Fax:			
E-mail address:					

Years riding horses:		Years riding dressage:	
Highest level schooled:		Highest level shown:	
Instructors ridden with in the past year (list):	Instructors ridden with in the past 5 years (list):		

Are you currently teaching dressage?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	If no, skip to next section.				
Hours teaching per week:			Current number of students:						
Number of years teaching:			Average level of students:						
			Age range of students:						
Do you teach pony club/4H?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Do you teach jumping/eventing?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Other disciplines (describe)?									

Have you attended a USDF Instructor Workshop before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Did you attend as a	<input type="checkbox"/>	Participating Instructor, or	<input type="checkbox"/>	Auditor?			
Which Workshop(s) did you attend?	<input type="checkbox"/>	Lunging	<input type="checkbox"/>	Training	<input type="checkbox"/>	Teaching	
Do you plan to test for USDF Instructor Certification?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
If so, when do you plan to test?			What level?	<input type="checkbox"/>	T-2	<input type="checkbox"/>	T-4

Do you have your dressage judge license or L-graduate certificate?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
What is your local GMO/chapter?				
Have you attended a USDF National Symposium in the past 5 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If so, when?				

What skills do you wish to improve?

Please mail to: Francy Haupt, 1103 N. Springbrook Rd #46, Newberg, OR 97132 by