

FEI PARA-EQUESTRIAN DRESSAGE STEWARD PROMOTION TO LEVEL 1 CLINIC

January 19-21, 2016 West Palm Beach, FL (USA)

Open to licensed Dressage Technical Delegates and others with experience who are seeking promotion to FEI Level 1 Para-Equestrian Dressage Steward. All Participants must be approved by their National Federation. Limited to 20 participants on a first-come, first-serve basis. Participants from the U.S. must also apply for their FEI status when they register for the course in order to be eligible to participate. Discount registration deadline is **December 30, 2015. Course is subject to cancellation if a minimum number of participants are not registered by the deadline.**

Course Directors

Chris Porterfield (GBR) – Course Director Chuck Walker (USA) – Assistant Course Director

TENTATIVE SCHEDULE

Tuesday, January 19, 2016

8:45 AM – 9:00 AM

9:00 AM – 12:00 PM

1:00 PM – 1:00 PM

Classroom Instruction/Discussion

Lunch

Classroom Instruction/Discussion

Wednesday, January 20, 2016

8:45 AM – 9:00 AM Registration at Embassy Suites WPB 9:00 AM – 12:00 PM Classroom Instruction/Discussion 12:00 PM – 1:00 PM Lunch 1:00 PM – 5:00 PM Classroom Instruction/Discussion

Thursday, January 21, 2016

8:45 AM – 9:00 AM

9:00 AM – 12:00 PM

1:00 PM – 1:00 PM

1:00 PM – 5:00 PM

Registration at Embassy Suites WPB

Classroom Instruction/Discussion

Classroom Instruction/Discussion

Please check your email/fax number provided for any updates or information you might need prior to the course.

Contact:

Charles E. (Chuck) Walker, Director of Education United States Equestrian Federation, Inc. 4047 Iron Works Parkway, Lexington, KY 40511 Direct: 859-225-6970 Fax: 859-231-6662

cwalker@usef.org









ATTENDANCE

- Please note: Any individual from the U.S. who is seeking promotion must submit their registration application to USEF prior to attend the course.
- FEI Officials <u>from national federations outside of the US are to email or fax the required FEI Course Participation Form</u> with officiating history listed, signed by the NF, granting permission to attend. This is to be submitted with the course application and copied to the FEI.
- There is an attendance limit of 20 participants. Please fax or mail your completed application form well in advance of the **December 30, 2015 deadline**. You may also register online at www.usef.org by signing in to your 'USEF Login'.
- Attendance sheets must be signed at each session to receive credit for the course. If you arrive more than one hour later than the scheduled starting time, or leave more than one hour earlier than the scheduled adjournment, you will not receive credit for attending the course.
- We will email or fax a confirmation of receipt of your completed application. Online registrations receive immediate confirmation on the web page, no additional email will be sent.

ATTIRE

Please dress professionally and appropriately.

VENUE INFORMATION

Embassy Suites by Hilton West Palm Beach Central – 1601 Belvedere Road, West Palm Beach, FL 33406. Phone: (561) 689-6400

<u>Palm Beach International Equestrian Center (WEF Showgrounds)</u> – 3400 Equestrian Club Drive, Wellington, FL 33414.

AIRPORTS

<u>Palm Beach International Airport</u> – 1000 Palm Beach International Airport Drive, West Palm Beach, FL 33406

DIRECTIONS

The hotel is linked to the airport via shuttle service. The airport and hotel are located less than a mile from one another.

<u>From Hotel to the Equestrian Center</u> – Get on FL-80 W/ US-98/ Southern Blvd. from James L Turnage Blvd and Australian Avenue. Follow US-98/ Southern Blvd to State Hwy 882/ Forest Hill Blvd in Royal Palm Beach. Take Wellington Trace and Greenview Shores Blvd to Equestrian Club Drive in Wellington.



Card Holder's Signature_



West Palm Beach, FL January 19-21, 2016

Fees: Check box and indicate cui	rent status below.	·		
• •	eceived in the Federatior eceived in the Federatior		or before December 30, 2015. er December 30, 2015.	
NAME	Federation Member #			
If from a country outside of the US	A, list name of country		Approved to attend?	
ADDRESS				
CITY	STATE	ZIP	PHONE	
Please provide an email address	or fax number so we can so	end any imp	portant updates or materials, if necessary:	
EMAIL	FAX	Χ		
If dietary restriction or food allergie	es please note here:			
PAYMENT: If you cancel your reserve	vation for the clinic, the Fed	deration will	I retain a processing fee of <u>\$25.00</u> .	
<u>If you fax, please do</u>	Please mail or fax applica USEF Educatior 4047 Iron Works Parkway <i>Phone: 859-225-6970,</i> not also mail your application	Departmen , Lexington, <i>Fax: 859-2</i>	nt , KY 40511	
	PAYMENT INFORM			
TOTAL AMOUNT ENCLOSED \$			33 133 331 332 3233	
PAYMENT METHOD (PLEASE DO NOT SEND CAS				
CHECK #	_ We also accept U Visa AMEX	or Master(rCard Exp. Date:	
Card Holder's Name (Print)			Billing Zip Code	
Card Holder's Signature				



Application for FEI Level 1 Steward Status (Applicant must be a US citizen and a Senior member in good standing with USEF)

Name				Membership No	Birthdate
Address	Number and Street		City	State	Zip Code
					Zip Code
_					check appropriate boxes)
Dressage		Endur		Jumping	Reining
Driving		Eventi		Para-Equesti	
Č	e following info			et of paper and attached	_
		-	_	organizer of competitions with FEI di	
-	in the followir	ng Discipline(s) (circ			
Dressage Driving		Endurance Eventing	Jumping Para-Eques	strian	Reining Vaulting
•	n the followins	g Discipline(s) (circle	-		
Dressage		Endurance	Jumping	-	Reining
Driving		Eventing	Para-Eques		Vaulting
Trained in Dressage Driving	the following I	Discipline(s) (circle a Endurance Eventing	ll applicable and list hig Jumping Para-Eques		Reining Vaulting
Apprentice	Experience: 1	ist USEF and/or FEI recognize	ed competitions at which you a	ssisted as a steward under a FEI Chi	ef Steward or acted as a schooling supervisor under
		rs. Verification may be a signe			T
Date	City, State	Competiti	ion name	Function	Levels
Official FF	I languages un	derstood:	er	ooken:	
USEF and/	or FEI courses	s and seminars: D	ate: Lo	cation:	
			Enclose \$50 for each o		
		PAY	MENT INFORMATION (I Enter amount from A		
TOTAL A	MOUNT ENCLOSED \$				
AYMENT METHOD	(PLEASE DO NOT SEN	D CASH) Make Check Payable	to: United States Equestrian Fe	ederation	
CHECK #		We also accept	Visa AMEX or N	MasterCard	
Card Number:					Exp. Date:
ard Holder's Name	e (Print)				Billing Zip Code
ard Holder's Signature					

Additional Officiating Experience: Date City, State Competition Name Function Levels				
Date	City, State	Competition Name	Function	Levels

By signing this application, I agree that the confidentiality of all evaluations and submissions regarding my application shall be maintained under the United States Equestrian Federation (USEF) rules (GR1002), and I hereby waive and release any right to examine my file and agree to hold USEF, the USEF Licensed Officials Committee, members of any USEF Committee, all USEF licensed officials and USEF members, officers, directors, and employees harmless from all liability and all claims, including claims for negligence, regarding this application and any action taken regarding it. I have read, understand and agree to be bound by the rules addressing the application process (GR1001 through GR1078). I further agree to be bound by the bylaws and all other rules of the USEF.

Signature of applicant	Date



UNITED STATES EQUESTRIAN FEDERATION® PO BOX 13310 LEXINGTON, KY 40583-3310