**WCDEA Leg Up Fund Application**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

USDF NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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I wish to attend the following show or clinic as an **AUDITOR** to be held at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name of clinician (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**- OR -**I wish to attend the following show or clinic as a **RIDER/PARTICIPANT** to be held at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name of clinician (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The cost of the entry/registration for this event is $\_\_\_\_\_\_\_\_. I am requesting a minimum amount of $\_\_\_\_\_\_\_\_\_\_ from the
Leg Up fund in order to attend this event.

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Please describe the event/show you wish to attend below and why you feel it will be of value to you and/or your horse. How
might this experience further your education in dressage or eventing in relation to problems you are encountering with your
current training?

Please describe how you plan to present your results or information gathered to the membership of WCDEA. This may include,
but is not limited to, a written or oral report including visual presentation or mounted demonstration. Video of a ridden test at a
show would be very helpful.