



2011 D4K EMERGING DRESSAGE ATHLETES PROGRAM APPLICATION FORM

Form may be sent as an email attachment to graydressage@optonline.net

Name _____ Date of Birth _____
(Age requirement: must not reach age 21 before Dec 31)

Street Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

Instructor's Name: _____ Phone number _____

USDF# _____

Feel free to use additional paper. Please be concise in your answers.

1. How many years have you been studying dressage? _____

2. Highest level competed _____ Name of horse(s) _____

3. Level currently competing _____ Name of horse(s) _____

4. Provide a list of your riding accomplishments.

5. If applicable, please provide your horse industry related employment experience(s). Give the name of the employer/organization, hours worked per week, how long you were employed and what your job title/duties were.

6. List any extracurricular school activities and/or school related honors/awards you have received.

7. What do you hope to be doing five years after you finish your education?

8. If you are accepted into this program, what do you expect to gain from the clinics?

9. Why should you be selected into this program?

Provide two (2) **letters of recommendation** from the dressage/horse industry. Please have the letters sent by email to graydressage@optonline.net.

Provide **USDF printout of scores** from the last 2 years.

Provide an uninterrupted **four minute (maximum) dvd** of you riding or post a video online. This must include:

- one free walk to medium walk
- one walk pirouette or turn on the forehand
- one zig zag in leg yield or trot half pass
- one walk to canter
- one canter to walk or prompt canter to trot to walk,
- one transition into and out of a canter lengthening
- one stretching in trot or canter
- anything else you want to show

The selection committee will be looking for the correctness of the riders seat, connection to the horse, timing of aids, use of half halts, and adaptability.

Application Fee: \$20 per rider. Program Fee: \$150, payable at time of acceptance. This will cover the initial clinic fee. There will also be stabling charges at the clinic and riders will be responsible for their own housing and meals.

REFUNDS: The Application Fee is non-refundable.

Send Application and Fee to: D4K EDAP
%Lendon Gray
25 Lake Avenue
Bedford, NY 10506

Please make certain your application is COMPLETE before mailing it, including dvd and score

printout, and DVD. Incomplete applications will not be considered.