



USEA EVENTING COACHES PROGRAM

STUDENT VERIFICATION FORM

_____ (is/was) my eventing coach.
(Name of Coach) (circle one)

COMPETITION LEVEL

HOW LONG HAVE YOU WORKED WITH THIS COACH AT THIS LEVEL?

S, BN, N, T, M, P, I, A (select one) Dressage _____

S, BN, N, T, M, P, I, A (select one) Cross-Country _____

S, BN, N, T, M, P, I, A (select one) Show Jumping _____

What type of lessons have you taken from this coach?

Individual Clinics Other

Comments: _____

STUDENT NAME: _____ SIGNATURE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

USEA MEMBER NUMBER: _____ DATE: _____

PLEASE MAIL, EMAIL, OR FAX TO:
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