

D4K TEAM PROGRAM APPLICATION FORM

Form may be sent as an email attachment to: mary_herbst@hotmail.com

Name:

Clinic(s) in which you wish to participate:

Today's date:

Date of Birth:

(Age requirement: must not reach age 26 before Dec 31)

Street Address:

City:

State: ZIP:

Phone:

E-mail address:

USDF#?

Instructor's Name:

Instructor's email address:

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?

3. Name of horse(s):

4. Level currently competing

5. Provide a list of your major riding accomplishments.

6. 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.

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

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

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

10. Why should you be selected into this program?

Provide one (1) letter of recommendation from the dressage/horse industry. Please have the letters sent by email to: mary_herbst@hotmail.com.

Post an uninterrupted four minute (**maximum**) video of you riding. The video should include either the following or whatever is appropriate to the level at which you are currently working on the horse you are riding.

one free walk to medium walk transition
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.

There will be an additional fee for clinics. 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.

Make payment online or send application fee to: D4K TEAM c/o Lendon Gray, 21 Lake Avenue Bedford, NY 10506
Application may be emailed.