

The Dressage Foundation Century Club Application

| Name: | | | |
|---|---|-----------------------------|-------------------------------------|
| Street Address: | | | |
| City: | | State | Zip |
| Phone number: | | | |
| Email address: | | | |
| Date of birth:/ | / | | |
| Are you a member of a Dres | ssage Club? I | If so, please list the C | Organization/s: |
| 1) | | | |
| 2) | | | |
| Are you presently competin | g? | If so, at what level? | |
| Horse name: | | | |
| Date of birth:(A horse attains another yea | / | / January first followir | ng its foaling date.) |
| Breed: | | | |
| Highest Level Shown: | | | |
| Where do you plan to ride for | or your Century (| Club Membership? | |
| When?: | | | |
| Do you have a primary cont | act person other t | han yourself? If so, | what is his/her name and email? |
| The Dressage Foundation m local newspaper? | ay wish to send o | out a press release in | your area. What is the name of your |
| How did you hear about the | Century Club? _ | | |
| Mail this application to: | The Dressage 1314 'O' Stree Lincoln, NE 6 | t, Suite 305 | |