



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 Dressage Club? ____ If so, please list the Organization/s:

1) _____

2) _____

Are you presently competing? ____ If so, at what level? _____

Horse name: _____

Date of birth: ____/____/____

(A horse attains another year of age on each January first following its foaling date.)

Breed: _____

Highest Level Shown: _____

Where do you plan to ride for your Century Club Membership?

When?: _____

Who is your primary contact person? _____

Email: _____

The Dressage Foundation may wish to send out a press release in your area. What is the name of your local newspaper?

How did you hear about the Century Club? _____

Mail this application to: The Dressage Foundation
1314 'O' Street, Suite 305
Lincoln, NE 68508