



UNITED STATES EQUESTRIAN FEDERATION
THE NATIONAL GOVERNING BODY FOR EQUESTRIAN SPORT



**USEF/USPEA INTERNATIONAL PARA-EQUESTRIAN CENTER OF EXCELLENCE
APPLICATION**

Center's Information:

Name of Center: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name of Center Representative: _____

Center Representative's Information:

Phone: _____ Fax: _____ Email: _____

Coaches Associated with Center:

_____ Experience: _____

_____ Experience: _____

_____ Experience: _____

_____ Experience: _____

Number of Staff: _____

Affiliations with other Equestrian Organizations: _____





Complete the Checklist: (All supporting material must be typed)

This Center offers the following Amenities

- ☐ Accessible facilities
- ☐ Accessible restroom(s)
- ☐ Mounting ramp
- ☐ An affiliated Coach
- ☐ 60m x 20m all-weather arena with quality footing that would meet FEI competition standards
- ☐ Covered Arena (minimum of 40 x 20m)
- ☐ Indoor Arena (minimum of 40 x 20m)
- ☐ Ability to run competitions in a 60m x 20m (i.e. warm up facilities and Judging Box options)
- ☐ Stables that meet FEI standards
- ☐ Arena seating
How many: _____
- ☐ Spare stalls for visiting athletes/horses.
How Many: _____ Type of Stabling: _____
- ☐ Access to horses

Please elaborate:



☐ Room for Human SSM / Classifier personnel

☐ Horse Inspection area

☐ Access to an FEI approved Veterinarian

☐ Local hotels with ADA compliant rooms;

Distance to closest hotels: _____

Distance to Closest Airport: _____

☐ On site housing

☐ Catering facilities on site or ability to bring in caterers

☐ Parking human/trailer;

☐ Permanent PA system for Clinicians/Announcers;

☐ Meeting space to accommodate up to 20 individuals with Power Point capabilities;

What programs do you offer for Dressage and what level?

Does your Center currently offer programs for riders with physical disabilities:





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How do you see your COE developing and what would be your long-term aims and goals?

(Please attach promotional materials if available)

Submitted by:

Name: _____
Please print

Title: _____

Date: _____

**PLEASE SUBMIT YOUR APPLICATION VIA EMAIL, FAX OR REGULAR MAIL NO LATER
THAN NOVEMBER 15, 2015 TO:**

United States Equestrian Federation, Inc
PO Box 83
Gladstone, NJ 07934
Attention: Laureen Johnson

Contact Information

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