

Application for Level I Centered Riding® Inc. Instructor



PLEASE PRINT CAREFULLY!! INFORMATION WILL BE USED FOR THE DIRECTORY AND WEBSITE

First Name: _____ Last Name(s) _____

Address: _____

City: (include postal code if it comes before city) _____ State/Prov. _____

Zip/Postal Code: _____ Country: _____ Fax: _____

Phone: (Include country code for foreign nos.) Home: _____ Mobile _____

E-mail _____ Website: _____

I have read, understand and agree to obey the Centered Riding's Policies and Procedures and Code of Conduct for Centered Riding Instructors _____

(Your Signature)

(Date)

Date CR Instructor Course completed: _____ Course Location: _____

Course Clinician(s): _____

Check if you are CR Rider Member with dues paid for 2018

(Signature of Clinician)

Disciplines (Indicate Level to which you teach)

Dressage: Intro Training 1st 2nd 3rd 4th FEI Levels Other _____

Hunt Seat: Beginner Flat Only Flat and Low Fences Intermediate Advanced Other _____

Jumpers: Baby Jumpers Intermediate Advanced Grand Prix Other _____

Eventing: Elementary Novice Training Prelim Intermediate Advanced Other _____

Western: Beginner Equitation Trail Reining Cutting Games Roping Pleasure Ranch Skills Other _____

Saddle Seat Beginner Intermediate Advanced Other _____

Distance Riding: Beginner Intermediate Advanced Endurance Competitive Trail Other _____

Recreational Riding: Beginner Intermediate Advanced Other _____

Driving: Long Lines Beginner Intermediate Advanced Combined Driving Other _____

Therapeutic: Beginner Intermediate Advanced Coaching Disabled Riding Competitions Other _____

Other: (Please describe type of riding and level to which you teach): _____

Certifications or Degrees held in horsemanship, teaching riding or bodywork: _____

PAYMENT OF MEMBERSHIP DUES: Membership dues include an **electronic** copy of the Quarterly Journal. **If a printed, paper copy is desired, please add amount from below. Payment must be made prior to receipt of certificate and orange book.**

Instructor Course ends between January 1 and June 30 - **\$95** (\$70 2018 dues plus \$25 one-time administrative fee)

Instructor Course ends between July 1 and August 31 - **\$130** (\$35 2018 dues, \$70 2019 dues + \$25 one-time admin fee)

Instructor Course ends between Sept. 1 and Dec. 31 - **\$95** (\$70 for 2019 dues plus \$25 one-time admin. Fee)

I wish to receive printed, paper copy of the Quarterly Journal - \$15 USA \$20 ALL OTHERS

I wish to receive a printed Directory - \$15 USA \$20 ALL OTHERS

Total - \$ _____ NOTE: If you are a CR Rider Member with dues paid for 2018, deduct \$15 from total payment

Credit Card # (MC/VISA only): _____ Expiration Date: _____

Payment of CR Instructor dues entitles you (upon successful completion of the CR Instructor Course) to listing as a Centered Riding Level I Instructor in the next CR Instructor Directory and on the CR website; to vote in CR elections; to attend the CR Annual General Meeting; and to an electronic subscription to Centered Riding® News. **If paying by check, applicant agrees to collection terms**

CR Course Clinician: please submit all completed forms and moneys from all Participating Instructors to the CR Office within 10 days of completion of Part 2 of the CR Instructor Course

Mail to: Centered Riding®, Inc.
1 Regency Drive, Post Office Box 30, Bloomfield, CT 06002
Phone: 860-243-9501 / Fax: 860-286-0787
Email: office@CenteredRiding.org / Website: www.CenteredRiding.org