

Centered Riding® Instructor/Clinician Update Application



CLINIC LOCATION _____

CLINICIAN(S) _____ CLINIC DATE(S) _____

IMPORTANT NOTICES: (1) PAYMENT OF ANY UNPAID MEMBERSHIP DUES MUST BE MADE PRIOR TO OR AT THE START OF UPDATE CLINIC. (2) YOU MUST COMPLETE THIS FORM AND SIGN, AGREEING TO ABIDE BY THE POLICIES & PROCEDURES FOR THE UPDATE TO COUNT.

PLEASE PRINT CLEARLY

First Name _____ Last Name(s) _____

Address: _____ CR Instructor Level _____

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

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

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

E-mail: _____ Website: _____

Check here if this represents a change in your personal information and circle the information that has changed.

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)

___ My membership dues for the current year have been paid

___ I am a returning instructor and making payment with this application (payment of full dues and \$25 reinstatement fee applies)

___ I completed the CR Instructor Clinic in (year _____) at (location _____) with _____

___ I have participated in ___ CR Update Clinics and ___ Alt. Updates. My most recent update was _____ (year) with _____

Disciplines (Indicate Level to which you teach)

I have already provided my discipline and certification information and there are no changes.

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: _____