

Centered Riding, Inc. Instructor Accommodation Form



NAME: _____

ADDRESS: _____

COUNTRY: _____ EMAIL: _____

PHONE: (DAYTIME) _____ EVENING _____

LEVEL: _____ 1ST YEAR AS INSTRUCTOR: _____ DATE OF LAST UPGRADE _____

PLEASE LIST LAST THREE UPDATE CLINICS ATTENDED (DATE, LOCATION, CLINICIAN)

REASON FOR REQUESTED ACCOMMODATION: _____

TYPE OF ACCOMMODATION REQUESTED:

Extension to Update

Please list any previous extensions granted: _____

Accommodation at Update Clinic (please describe accommodation needed): _____

DATES OF UPDATE CLINIC YOU PLAN TO TAKE: _____

Are you presently enrolled in this clinic? Yes No

For Official Use:

Extension granted until _____

Extension to be granted when office is notified of scheduled update clinic

Riding accommodations accepted for next Update Clinic

Requested accommodation denied for following reason(s): _____

CR President: _____ Date of Approval : _____

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