

Application for Level I Centered Riding® Instructor



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

First Name(s): _____ 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 _____

(Signature)

Date CR Instructor Course completed: _____ Course Location: _____

Course Clinician(s): _____

Clinician checked current First Aid + CPR Certificate Signature of Clinician _____

Disciplines (Indicate Level to which you teach)

Dressage ____ Basic only ____ Intro ____ Training ____ 1st ____ 2nd ____ 3rd ____ 4th ____ FEI Levels

Hunt Seat ____ Basic only ____ Flat and Low Fences ____ Intermediate ____ Advanced Jumpers

Eventing ____ Basic only ____ Novice ____ Training ____ Prelim ____ Intermediate ____ Advanced

Stock Seat ____ Basic Only ____ Intermediate ____ Advanced ____ Reining ____ Roping, Ranch Skills

Western: ____ Equitation ____ Trail ____ Reining ____ Cutting ____ Games ____ Roping ____ Pleasure

Saddle Seat ____ Basic Only ____ Intermediate ____ Advanced

Distance Riding ____ Basic Only ____ Intermediate ____ Advanced ____ Endurance ____ Competitive Trail

Pleasure or Recreational Riding ____ Basic Only ____ Intermediate ____ Advanced

Driving: ____ Basic Only ____ Intermediate ____ Advanced ____ Combined Driving

Therapeutic: ____ Basic Only ____ Intermediate ____ Advanced ____ Coaching Disabled Riding Competitions

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, 2010 - **\$75** - (\$50 dues plus \$25 one-time administrative fee)

Instructor Course ends between July 1 and August 31, 2010 - **\$115** - (\$25 2010 dues, \$65 2011 dues + \$25 one-time admin fee)

Instructor Course ends between Sept. 1 and Dec. 31, 2010 - **\$90** (\$65 for 2011 dues plus \$25 one-time admin. Fee)

I wish to receive printed, paper copy of the Quarterly Journal - \$15 USA \$16 CANADA/MEXICO \$20 ALL OTHERS

I wish to receive a printed Directory - \$10

I wish to make a donation of _____ to CR, Inc., CR Education Fund Sally Swift Memorial Fund SS Scholarship Fund

_____ For Logo Items ordered (See order sheet for CR logo items available for purchase, including Sally Swift's books and videos)

Total amount submitted with application - \$ _____ If paying by check, applicant agrees to collection terms)

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® Quarterly Journal

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., P.O. Box 157, Perkiomenville, PA 18074 610-754-0633 / Fax 610-754-0634**