



Kentucky Dressage Association

KDA SCHOOLING SHOW APPROVAL FORM

Return form to:

Maureen John
1800 Cedar Point Rd.
LaGrange, KY 40031

Please complete the following:

Show Name: _____ Date Requested: _____

Show facility & Location: _____

Show Contact: _____ Address: _____

_____ Phone: _____

Show Manager: _____ Phone: _____

Show Secretary: _____ Phone _____

Rating requested: (1) _____ (2) _____

Other Sanctioning Bodies (ie: , MSED, KDA, etc.) _____

Technical Delegate: _____

Judge(s) : _____

Judge's rating should be indicated after their name

Arena: (Size and Footing) _____

Type of Stabling: (if offered) _____

Classes offered: _____

Opening Date: _____ Closing Date: _____

There is no charge for this application.

Signature: _____ Date: _____