



Kentucky Dressage Association

KDA Schooling Show Approval Form

Return form to:

Maureen John
1800 Cedar Point Road
LaGrange, KY 40031

Please complete the following:

Show Name: _____ Date Requested: _____

Show facility & location: _____ Address: _____

Show Contact: _____ Phone: _____

Show Manager: _____ Phone: _____

Show Secretary: _____ Phone: _____

Rating requested: (1) _____ (2) _____

Other Sanctioning Bodies (i.e., MSEDA, KDA, etc.): _____

Technical Delegate: _____

Judge(s): _____

Judge's rating should be indicated after their name.

Arena: (Size and footing) _____

Type of stabling: (if any) _____

Classes offered: _____

Opening Date: _____ Closing Date: _____

Signature: _____ Date: _____