

## APPLICATION FOR ENROLLMENT MSEDA OFFICIALS PROGRAM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ MSEDA Membership #: \_\_\_\_\_

I am applying for enrollment into the following program: **(check all that apply)**

- Dressage Judge
- Eventing Judge
- Show Jumping Judge
- Dressage Technical Delegate
- Eventing Technical Delegate

Please be sure you have included the documentation on the prerequisites required for your particular license.

Please include the non-refundable fee of **\$35.00**. Checks should be made payable to: **MSEDA**

**Mail to:**

Julie Congleton  
P.O. Box 378  
Midway, KY 40347