**APPLICATION FOR ENROLLMENT**

**MSEDA OFFICIALS LICENSING PROGRAM**

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

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

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

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

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

o Dressage Judge

o Eventing Judge

o Dressage Technical Delegate

o 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

Revised 6.2015