

MSEDA RECOGNIZED OFFICIALS' RENEWAL FORM

Please fill out the following information and be sure your contact information is correct.
This is the information that will be published in the newsletter and on the MSEDA website.

Official's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

I am renewing the following MSEDA Recognized Official: *check all that apply*

Dressage Only Judge _____

Eventing Judge _____

Dressage Only TD _____

Eventing TD _____

Show Jumping Judge _____

Please indicate the past year's competitions at which you served as a MSEDA Official:

Signature: _____ Date: _____

Please send the completed form to:

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