

Regional Intent To Certify for HB and Above This form is for regional planning purposes. You must register for all HB and above

certifications on the USPC Website. There is a separate form for the C-2 test.

| Candidates Full Name: | | Please complete and return |
|--|---|---|
| Date of Birth: Ag Address: | | this form to Cheryl Clark (rscapitalregion@aol.com) by December 15, 2014. |
| Telephone:(home) Email Address: Parents' Name(s): | | Requested Certifications: HB C-3 B H/HA A |
| Pony Club/Center Name:Tradit Present Certification Level:Tradit Have you tested previously for your requ If yes, explain the steps you took to corre necessary): | tionalDressageShow juested certification?No | Jumping _Yes - When? ng: (attach additional sheet if |

| Candidate Self Evaluation Briefly describe how you have been preparing for this requ | uested certification over the last 6-12 months. | | |
|--|---|--|--|
| Also, describe your plans for 2015 leading up to the certific | | | |
| events and information about your horse. Finally, what would you like to see in the region for upper | | | |
| level preparation seminars to help you reach this goal? (attach additional sheet if necessary) | | | |
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| Candidate Signature: | Date: | | |
| | | | |
| Parent Signature: | Date: | | |
| (If under 18) | | | |
| DC/CA Signature: | Date: | | |
| (Alternatively, you may attach an email from your DC/CA for approval | | | |