2026 Adult Rider Program
Classic Series Voucher Reimbursement Request

Name _____

Address _____

_____

_____

Classic Series Details – must be a USEA Recognized Series Event

Event Name _____

Level Entered _____

Date _____

Date, location, & activity of volunteer hours: _____

Attach Proof of Payment & Attendance

Copy of canceled check/credit card activity for event fee with proof of attendance (copy dressage test, final score or email from organizer confirming payment and attendance)

Send Reimbursement Request Form and proof of payment to:

Scan (save as pdf) and email to - Adultriders@area1usea.org if you need to mail please contact Amy for mailing address

Amount of Reimbursement: _____

Approved by: _____ Date: _____

ARP Approval for payment _____