



# ESDCTA Youth Education Award Program

Sponsored by Garden State Equine, Amelie McAndrews DVM

## PARTICIPATION FORM

### Instructions:

Use this form to document your participation in educational activities recognized by the ESDCTA Youth Education Award Program. For each activity, complete the General Information section of this form and request the organizer of the activity to complete and sign the Certification of Attendance section. For more information on the Youth Education Awards Program including a list of approved activities, please refer to the ESDCTA Youth Program section of our website, [www.esdcta.org](http://www.esdcta.org).

For "Tier 1 & 2" Activities: If attending "in person" simply complete and submit form. For "on-line" activities, complete the General Information section of this form and attach proof of completion of the "on-line" activity by submitting your test score/certification of attendance provided by the website. Refer to the Youth Education Award Program Activity List for the Credit Value of the completed activity.

For "Tier 3" Activities: Complete and submit form including documentation of the organized activity (i.e. press release, advertisement). Refer to the Youth Education Awards Program Activity List for the Credit Value of the completed activity. Note: If you find an on-line educational activity not specified as an approved Tier 1 or 2 Activity in our Program, you may receive recognition of the "on-line" activity if approved by Youth Committee prior to your participation.

Once you have achieved the number of credits for award recognition, submit all of your Proof of Participation forms and the Activity Log Sheet (available on our website) to the Youth Committee by November 1st to receive recognition in the current award season.

GENERAL INFORMATION	
Youth Member Name	
Activity Name	
Date(s) of Activity	Location of Activity
Description of Activity	
Number of Hours in Attendance	Credit Value

CERTIFICATION OF ATTENDANCE (to be completed by Organizer for Tier 1 & 2, by Clinician for Tier 3)	
By signing this document, I certify that I am the Organizer of the Activity described above and the individual designated on this form satisfactorily attended this Activity.	
Organizer/Clinician Name (Please Print)	Phone Number
Organizer/Clinician Signature	Date

**Achievement in the The ESDCTA Youth Education Award Program is cumulative. To receive credit for the current awards season, the form must be POSTMARKED by November 1st. Forms POSTMARKED after November 1st will receive credit in the following awards season. Contact any Co-Chair for more information.**

### Submit Proof of Participation Forms & Activity Log Sheet To:

ESDCTA Youth Committee  
c/o Jill Kuc  
315 Mountain View Drive  
Kunkletown, PA 18058