



WISCONSIN
Dressage & Eventing
ASSOCIATION

WDEA Events Guide

Updated Oct.2025)

Before a clinic or an event will be considered as sponsored by the WDEA, the event must be approved by state board officers. (Chapters may use this guide, but it's up to their chapter board to approve in whatever form the request is presented.) Organizers should start the process for approval by providing the state board president a proposal, which includes pro forma of estimated income and expenses.

ORGANIZER GUIDELINES

Pre-Clinic:

- Clinician: Book clinician once proposal approved—have clinician provide his/her standard contract or send a WDEA Letter of Intent (Exhibit 3).
- Facility: Reserve and have facility provide standard contract or send WDEA Letter of Intent (Exhibit 3).
- Insurance: Fill out form (on WDEA website), send to state treasurer. **Complete form and send three weeks in advance of the clinic.**

Working with Clinician:

- Travel: Clinicians should purchase their own airline ticket; WDEA will reimburse. For large symposiums with well-known national or international clinicians, the guest clinician may want WDEA to purchase the ticket on his/her behalf. If this is the case, be sure to obtain the clinician's approval of the itinerary before booking. NOTE: Caution must be used when working with an international clinician and reimbursing the cost of an international flight. There is potential for the clinician to cancel, and with the airline ticket in his/her name, it is difficult for WDEA to obtain a refund. [Lufthansa suggested booking clinician as "guest of WDEA." Look into this further, if situation applies.]
- W-9 Form: Clinician **must** fill out a W-9 form prior to being paid his/her fees. Get form from chapter treasurer for chapter-sponsored events or state treasurer if WDEA event (Exhibit 4). **This form needs to be updated on an annual basis.**
- Liability Waiver: Share WDEA's liability waiver (Exhibit 5); determine if clinician will want to use his/her own waiver in addition to the WDEA waiver. WDEA waiver **MUST** be used for all events.
- Accommodations: Reserve a hotel room or make arrangements for stay in a private home. Check with clinician on personal preferences, special needs. (For example, some clinicians may have allergies, so prefer to stay in hotels. Others prefer hotels with room service.)
- Other Clinician Preferences: It's always good to check for any other preferences such as food, sound system, headset or clip-on microphone, number of breaks.
- Ground Transportation: Reserve a rental car or car service. Plan for getting clinician to and from airport; then to and from clinic facility. USDF recommends using car service or having clinician rent car (club reimburses), due to personal liability placed upon the club volunteer who provides transportation. There is no coverage available for nonprofits to cover volunteers performing club business with their own vehicles. Liability in the case of an accident is totally on the volunteer's insurance policy. Think this through for the clinic you are planning.

Working with Facility:

- Liability Waiver: Does facility have its own waiver or does WDEA need to add the facility's name to the WDEA waiver?
- Trailer-In Fee: Will there be a trailer-in fee? What does it cover? Who collects the fee?
- Special Horse Health Requirements: Does the facility require a health certificate or proof of vaccination? Does the facility collect a Coggins for each clinic horse or does WDEA? Will the horse owners be required to take temperature of horse the day before and morning of travel to the facility? If horses are coming from out-of-state, remind the riders of the need to obtain an equine health certificate to cross state line(s).
- Facility Arrival: Where or with whom do riders check in? Does the facility handle this or does WDEA?
- Sound System: Does the facility have a sound system? Determine the quality needed for your situation. For large symposiums, a sound system with a full range of sound (woofers/tweeters) and appropriate number of speakers will be needed. Test the sound system before the event, but understand that until the facility is full of people, you won't get a true sense of how it will perform. (Echo can be a problem.)

Organizing the Clinic:

- Marketing: Recommended timing for event promotion: A minimum of six months in advance for large symposium-style events and 6 to 8 weeks for smaller clinics. Post clinic information on WDEA calendar of events in the WDEA newsletter, website and Facebook page; consider posting on other equestrian websites including USDF Region 2, other USDF GMOs, *Wisconsin Horseman's News*, Wisconsin Horse Council's newsletter and the hosting farm's calendar.
- Application: Design application form and make sure it includes reference to WDEA's payment and refund policies (Exhibit 6). Determine if a video is required with the application. What is the opening date/closing date for applications? How will riders/horses be chosen? How will selected riders be notified?
- Accept applications.
- Choosing Riders:
 - Riders will be selected on a first-come basis with preference for chapter events given to WDEA chapter members, followed by riders from other WDEA chapters. Alternates who have volunteered for WDEA will have the first chance at open slots via a drawing.
 - If there are more applications than available ride times, each participant is allowed one ride per clinic day. (Does not need to be with the same horse.)
- If clinic participants are, for any reason, unable to ride after being accepted into the clinic, they should not find their own substitute, but must instead contact the clinic organizer, who maintains a waiting list and can contact the membership if openings arise.
- If there is no waiting list for the clinic, the clinic organizer will make every reasonable effort to fill the ride spot(s). In the event that a replacement rider is not found, the participant will be responsible for the fees for the number of riding spots to which they committed.
- For larger symposia, organizers should consider having an impartial party select the riders. The clinician may want to do this as part of his/her fee or at a nominal additional cost. If not, consider hiring someone to handle this task, who is qualified to either judge or teach the level of horses/riders being selected (e.g., licensed judge or certified instructor).
- Notify riders (and alternates) of ride times and clinic schedule (dinners, lectures, other activities); provide clinic liability waiver(s), remind participants of WDEA helmet policy.
- Schedule ride times; post on WDEA website and FB page at least one week in advance of clinic.

- Solicit volunteer support as needed.
- Solicit donations for snacks and beverages.
- If the clinic has not been filled by three weeks before the date of the first day of the clinic (or determine best date), the clinic organizer may accept riders who are not members of WDEA for the non-WDEA member fee.

Clinic Administration:

Making Purchases/Payments:

- WDEA is a 501(c)3 non-profit organization and is WI sales tax exempt. Use sales tax exempt form whenever purchasing goods to avoid extra sales tax fees. You can obtain a copy of this form from the chapter president, the state treasurer or state webmaster.
- Use chapter debit card (or state debit card if a state-sponsored event) whenever possible to charge clinic costs, such as hotel and car rental. Get debit card from treasurer. MUST keep receipts.
- Check Requests: Determine what services will need to be paid by check and request checks from chapter treasurer at least one week prior to start of clinic. (Remember, treasurers take vacations and have personal lives, so don't wait until the last minute!) Do not pay the clinician with a personal check. Provide treasurer with the dollar amount and whom check is payable to.
- Get receipts for ALL purchases. All reimbursement and payment requests need to have receipts or invoices with details and be itemized individually.

Deposit Guidelines:

- Endorse each check WDEA-(chapter)—for deposit only or “WDEA—for deposit only.”
- Incoming checks should be itemized. (Check number, name of check signer and amount.)
- Donations should be itemized. (Description of item and determined or estimated value.)
- Deposit in chapter or state checking account at designated financial institution. Deposit slips are available from the financial institution. Get account information from treasurer.
- Payment for clinics/programs: It is at discretion of clinic/program organizer whether to cash checks prior to or after clinic/program is held. If a check is returned for insufficient funds, then the person whose check was returned must pay cash (cashier's check is acceptable) for both the clinic in question AND all bank charges on the returned check.
- Deposit checks *no later than* three business days after conclusion of clinic.

Clinic Wrap Up:

- Provide a summary/profit and loss statement to the chapter president, chapter treasurer and state treasurer within two weeks after completion of the clinic (Exhibit 7).
- The clinic organizer should keep all clinic-related paperwork (applications, horse health documents, waivers and other agreements) for the duration of the calendar year. After the calendar year, these documents should be destroyed, except for the Coggins test which should be filed for a period of five years from the clinic date.

RIDER RESPONSIBILITIES

Application Process:

- An “Opening Day” system is used. Opening Day for clinic applications will be stated on the clinic application with reminders posted on the WDEA website and the *eQuester* newsletter calendar of events. To have the best odds for riding in a WDEA clinic, it is recommended that riders postmark their applications on the Opening Day. There will be exceptions to the “Opening Day” process for some large clinic events or symposiums in which organizers are looking for horses/riders from various levels or divisions of the sport.

- To make the application process fair, applications are accepted via mail and email (postmark date), with the date the payment is received as the application date.
- Applications postmarked *prior* to Opening Day will not be accepted.

Addendum:

- Exhibit 1 Example Proposal
 - Exhibit 2 Example Pro Forma
 - Exhibit 3 WDEA Letter of Intent
 - Exhibit 4 W-9
 - Exhibit 5 WDEA Liability Waiver
 - Exhibit 6 Example Rider Application
 - Exhibit 7 Example Profit and Loss Report
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Exhibit 1: Clinic/Event Proposal Format

Name of clinic or event:

Purpose:

Benefit to current membership:

Incentive for future membership:

Proposed format:

Proposed Clinician(s):

Proposed location(s):

Estimated expenses (total):

Clinician/Instructor fees:
Facility rental:
Insurance rates:
Food:
Hotel:
Other:

Proposed fee per rider:

Proposed marketing/advertisement:

Best case scenario \$\$:

Worst case scenario \$\$:

Exhibit 2: Example Pro Forma

Clinic or Event Name		revised 12/30/10			
Clinic Dates:					
<u>Income: Clinic</u>		<i>Clinic</i>			
		100	150	200	250
A:auditor @ 30/day	\$50/day	5000	7500	10000	12500
B:auditor @ 35/day	\$60/day	6000	9000	12000	15000
C:auditor @ 40/day	\$70/day	7000	10500	14000	17500
D:auditor @ 45/day	\$75/day	7500	11250	15000	18750
		25	30		
E:riders @ \$100		2500	3000		
F:riders @ \$150		3750	4500		
G: riders @ \$200		5000	6000		
<i>Income</i>					
Riders		3750			
Auditors (based on 200)		12000			
Vendor Sponsorships		2500			
Other Sponsorships		5000			
Clinic Income Total		23250			
<u>Expenses:</u>		<u>Clinic</u>			
clinician 1 - fee		5000			
clinician 2- fee		1700			

Hotel/food - both	1000
travel - both	1200
Porta-potties	350
Bleachers	1600
registration supplies	200
sponsorship expense	300
Program (printing)	300
Advertising	4000
Misc	100
Thank you's	100
Meals \$15 x 200 x 2 days	6000
Insurance	300
Volunteer Expenses	1000
Clinic Expense Total	23150

Exhibit 3: Letter of Intent for Facility Example



[DATE]

Mary Smith – Symposium Chair
1234 Smith Rd
Some Place Special, WI 55555
e-mail:

Facility Manager/Owner Name and contact info
Facility Address

Dear [NAME]:

This letter is to confirm the use of your facility for the WDEA event on <dates>.

Here is our understanding of the services <facility name> will provide for the symposium:

- Exclusive use of Arena I (72x200') indoor Coverall arena on <dates>; access for symposium horses/riders on Friday, <date> after 12 noon with regulation dressage arena and letters installed.
- Stabling for 25 – 35 horses after 12 noon on Friday, <date> through 7 pm Sunday, <date>. Cost will be \$XX per night per stall which includes first night's bedding. <Facility name> staff will provide stall cleaning, feeding service (owner provides feed/instructions), watering, overnight "nanny" service.
- Designated warm-up area for symposium riders on <dates>.
- Trailer parking for 25-35 trailers.
- Parking for 100 – 150 auditor vehicles; <facility name> staff will direct parking.
- Arena watering, dragging (as needed); heating of arena (if weather dictates)
- Use of.....etc.

WDEA will provide:

- List of horses, riders and copy of current Coggins no later than <date>.
- Arrival/departure schedule of symposium horses no later than <date>.
- Bleachers/chairs delivered, set-up/taken down from local vendor.
- Appropriate number of porta potties delivered [WHEN] picked up [WHEN].
- Liability insurance (\$1 million) for event with <facility name> listed as "other insured". Certificate of insurance provided to facility manager/owner no later than <date>.
- Etc.

Please confirm this agreement by signing and returning one copy to me in the enclosed addressed envelope. If I forgot something or misunderstood anything we discussed, please let me know. We look forward to working with you and your team!

Sincerely,

Mary Smith
WDEA-Symposium Chair

Facility manager/owner, Facility name _____
Date _____

Exhibit 4: W-9 Form—see Wldressage.org under “forms”

Exhibit 5: WDEA Rider Liability Waiver—see Wldressage.org under “forms”

Exhibit 6: Example Rider and Auditor Application

**WDEA Dressage Clinic with <Clinician>
at <provide facility name and address information>**

[DATE] (Include opening date for riders/auditors—approximately six weeks before event)

Separate application required for each clinic!

<Provide a brief biography of the clinician.>

All rider applications must be postmarked on or after the “opening date” (see above). Riders will be selected on a first come basis with preference given to WDEA members. Refunds will be considered at organizer’s discretion with receipt of veterinarian and/or doctor’s certificate. Alternates will have first chance at open slots.

Tentative Schedule: , Saturday 8:00 AM – 4:30 PM, Sunday 8:00 AM– 4:30PM.

Rider Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Email: _____

Horse’s Name: _____ Breed: _____

Age: _____ Schooling Level _____ Showing Level _____

RIDER FEES: For 2 rides

WDEA Member \$270 (\$135/ride) **Non-WDEA: \$320 (\$160/ride)**

Ride time preference? AM PM (will try to accommodate) _____

Will you need a stall? **Overnight**** **For day**** **Just in and out (no fee)**

**Organizer will contact you with details regarding leaving your horse.

******Negative Coggins required with application******

AUDITOR FEES:

WDEA chapter member – NO CHARGE!!

WDEA member 1 day @ \$15 _____ 2 days @ \$25 _____

Non-WDEA member 1 day @ \$20 _____ 2 days @ \$30 _____

Attending: Saturday Sunday

Includes coffee/water/soda and snacks. Bring your own lunch and chair!

Rider / Auditor Fee \$ _____

TOTAL ENCLOSED\$ _____

Make checks payable to: WDEA Chapter

Mail to organizer with check and current Coggins:

< Clinic organizer name and address information >

Questions? Provide clinic organizer phone and email information

Exhibit 7: Example Year End Profit and Loss Report

	May	June	July	August	September	2018 Total
	<i>Income</i>	<i>Income</i>	<i>Income</i>	<i>Income</i>	<i>Income</i>	
Rider fees	3,955.00	3,890.00	3,925.00	3,950.00	\$3,915.00	
Auditor fees	20.00	\$30.00	\$20.00	\$40.00	\$40.00	
Overnight stalls	50.00	\$125.00	\$50.00	\$50.00	\$0.00	
Reimbursement						
Total	4,025.00	4,045.00	3,995.00	4,040.00	\$3,955.00	
	<i>Expenses</i>	<i>Expenses</i>	<i>Expenses</i>	<i>Expenses</i>	<i>Expenses</i>	
Clinician-fee	2,550.00	2,550.00	2,550.00	2,550.00	\$2,550.00	
Clinician- air	487.70	\$614.70	469.70	\$614.70	\$422.70	
Clinician-hotel	237.00	\$237.00	237.00	\$237.00	\$237.00	
Clinician-food	109.68	95.14	81.35	\$39.74	\$35.96	
Insurance	110.00	\$126.00	126.00	\$126.00	\$126.00	
Facility fee	300.00	\$300.00	300.00	\$300.00	\$300.00	
Stall rental	85.00	\$100.00	70.00	\$35.00	\$50.00	
Refreshments	100.03	\$77.62	96.42	\$56.07	\$48.47	
StarBuck's	40.00	\$0.00	0.00	\$0.00	\$0.00	
Refund						
Ad						
Misc						
Total	4,019.41	4,100.46	3,930.47	3,958.51	\$3,770.13	
Gain/loss	5.59	\$55.46	64.53	\$81.49	\$184.87	\$281.02 profit