

2018 DRESSAGE COMPETITION ENTRY FORM

Effective December 1, 2017, use this form for entering USEF/USDF Licensed Dressage Competitions held in USDF Region 1 (PA, NJ, DE, MD, VA, NC, WV)

Competitors are responsible for duplicating their own additional copies of this entry form. This is a 2-sided form; please make 2-sided copies. Other versions of entry forms may not be accepted by Region 1 competitions. **TYPE OR PRINT CLEARLY -- ONLY ONE HORSE / RIDER or HANDLER PER ENTRY FORM**

Enclose copy of all 2018 USEF Membership Cards (Rider/Handler, Owner/Agent, Trainer, Coach) or verification.

Official Use Only	Bridle No.
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Competition Name: _____ Competition Date(s): _____

NAME OF HORSE (Horse MUST be named)	BREED	COUNTRY (Where Bred)	SEX	HEIGHT	COLOR	AGE	DOB
Date of Coggins (must attach copy):		Breed Registration Number:		Check here if this horse is for sale and you want this to be listed in the Program _____			
Sire:		Dam:		Dam's Sire:			
For Dressage Sport Horse Breeding (DSHB) classes, Sire, Dam, Dam's Sire & Breeder names required for ALL breed registered horses & recommended for others.			Breeder:				

Rider/Handler: _____ Primary Phone: _____ Alternate Phone: _____

Rider's Address: _____

Rider/Handler E-Mail: _____ Citizenship*: _____

Owner: _____ Primary Phone: _____ Alternate Phone: _____

Owner's Address: _____ E-Mail: _____

Trainer: _____ Trainer's Address: _____

Coach: _____ Trainer's Phone during Competition: _____

HORSE	RIDER/HANDLER	OWNER (At least one)	TRAINER	COACH (if applicable)
USEF#	USEF#	USEF#	USEF#	USEF#
USDF#	USDF#	USDF#		
LOCAL ASSN #		<p>All USEF members (including riders, handlers, trainers, coaches, owners, agents or lessees) are required to submit proper membership documentation to the show secretary prior to competing. Exhibitors who do not send a copy of their card with their entry or are unable to produce the card when registering at the competition, or for whom the competition cannot verify such information (with the exception of Federation measurement cards) will be required to pay a \$45 Show Pass fee which is non-refundable.</p> <p>EACH Junior and Senior participant (rider, handler, trainer, coach and one owner/agent per horse) is required to be a USEF Active "Competing" Member or pay a \$45 Show Pass fee (see the official USEF Show Pass Statement in prize list).</p> <p>Non-U.S. citizen participants in Dressage/DSHB classes MUST attach current proof, in English, of current membership in good standing in their own N.F. in order to be exempt from USEF Show Pass fees.</p>		
<p>Unless show provides entry verification service: * MUST attach copies of USEF & USDF Horse Recording and Registration Certificates for GAIG/USDF Qualifying and Championship Classes. * MUST include a copy of USEF Amateur Certification if competing as an Adult Amateur. Go to http://www.eqverification.org/ to print copies.</p>				

Class #	Day	Class Name (Level/Division/Test - if TOC)	GAIG Fee	Fee	Payment For	Fee	Office Use
					Subtotal, Class Fees		
					USEF Show Pass/Non-Member Fee(s) (\$45 per participant)		
					USEF Fee per horse: (D&M \$15+ USEF \$8) = \$23		
					CDI horses only: USEF Fee per horse: (D&M \$25 + USEF \$8) = \$33		
					CDIs only: USEF IHP Discipline Fee (\$35 per entry)		
					Stabling / Grounds Fee (For Non-Stabled Horses)		
					USDF Non-Member Fee(s) (\$35 per rider/owner)		
					Office Fee		
					Late Fee, Bridle Number Fee, Camper Fee		
					Other Fee(s)		
SUBTOTAL Class Fees							

JR or YR Birthdate: _____ Riders are eligible to compete as a Jr/YR until the end of the calendar year in which they reach the age of 21

TOTAL FEES DUE: _____

CDI / CDI-Y/ CDI-J/ CDI-P COMPETITORS MUST COMPLETE THE FOLLOWING INFORMATION:

Rider:	Citizenship:	FEI Rider Registration #:	Competing for Country:
Horse:	Present Nationality:	Birthdate:	Previous Name (if any):
	FEI Passport #:	FEI Horse Registration #:	Person Responsible:
Owner:	Citizenship:	Owner Social Security or Tax ID # (required to receive prize money):	

US Equestrian Federation, Inc. Entry Agreement I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for [insert name here] ("Competition") and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, the Prize List, and local rules of the competition. I agree to waive the right to the use of my photos at the competition, and agree that any actions against the Federation must be brought in New York State.

Federation Release, Assumption of Risk, Waiver and Indemnification *This document waives important legal rights. Read it carefully before signing.* I AGREE in consideration for my participation in this Competition to the following:

I AGREE that the "Federation" and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death. ("Harm"). I AGREE to hold harmless and release the Federation and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of the Federation or the Competition. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse while at the Competition. I have read the Federation Rules about protective equipment, including GR801 and, if applicable, EV114, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf I represent that I have the requisite training, coaching and abilities to safely compete in this competition. I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Federation on the official USEF accident/injury report form. BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

*RIDER/HANDLER (mandatory)	*OWNER / AGENT (mandatory)	*TRAINER (mandatory)	COACH (If applicable)
Signature: _____	Signature: _____	Signature (must be 18 or older): _____	Signature: _____
Print: _____	Print: _____	Print: _____	Print: _____
PARENT/GUARDIAN (Required if rider/handler is a minor, i.e. under 18)		(Home/Parent) Emergency Contact Phone # _____	Is RIDER a U.S. citizen? (mandatory) YES _____ NO _____
Signature: _____	Print: _____		

** No entry is valid without original signatures from the above individuals; Photocopied signatures or writing "same" are NOT acceptable.*

STABLING / CAMPER HOOK-UP RESERVATION FORM (Refer to Prize List for Specifications)									
Contact NAME and NUMBER for Rider Emergency: _____ / _____					Contact NAME and NUMBER for Horse Emergency: _____ / _____				
Name of Lodgings Where Rider or Responsible Party Will be Staying During the Competition _____					Hotel Number at the Competition (For Emergency Contact Purposes) _____				
Stall Occupant	Sex (S,M,G)	Check Stall Days/Nights Desired (see prize list directives)							
		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
Horse Name									
If accompanied by NON-COMPETING HORSE, must complete separate entry form and pay all applicable fees.									
Tack	n/a								
Approx. Time of Arrival: _____					Approx. Time of Departure: _____				
Special Requests*: _____									
*Provide name of individual with whom you desire to be stabled (if part of a group, make sure you all name the same person) _____									
Stabling fees: _____ stalls for _____ nights @ \$ _____ per night = _____									
Camper fees _____ hook-ups @ \$ _____ ea (flat rate) OR _____ nights @ \$ _____ per night = _____									
TOTAL STABLING / CAMPER HOOK-UP FEES: _____									

ENTRY PREPARATION CHECKLIST
<i>Before Mailing, Be Sure You Have:</i>
___ Completed Both Sides of Entry Form
___ All Original Required Signatures
___ Enclosed a Copy of the Current Negative Coggins (EIA) Certificate (Refer to Show Specifications for Date Validity Requirements. Copy must be legible.)
___ Supplied all Required Ass'n Numbers
___ Enclosed Copies of Applicable USEF and/or USDF Cards or Documents
___ Completed the Stabling / Camper Vaccination Certificate
___ Enclosed a Check / Money Order for all Applicable Fees.
___ Attached photocopy of Test(s) verifying USDF & FEI Freestyle Test eligibility (ex. for exempt classes)
Mail this Entry Form, Supplemental Documents, and Fees to the Competition (Entry) Secretary Identified on the Prize List.
EMERGENCY CELL CONTACT # OF SOMEONE WITH YOU / YOUR GROUP AT THIS SHOW WHO IS NOT LISTED ELSEWHERE ON THIS ENTRY FORM

FILL OUT ONLY IF THE COMPETITION YOU ENTER ON THIS ENTRY FORM OFFERS CERTAIN USE OF CHARGE CARDS!!	
(Check in the prize list or individual competition requirements)	
Name on Card: _____	Credit Card #: _____ - _____ - _____
Expiration Date: _____ / _____	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card <input type="checkbox"/> Other _____ CCV #: _____
Signature: _____	Billing Address: _____ Zip Code: _____

PLEASE SUBMIT ANY IMPORTANT INFORMATION FOR THE ANNOUNCER ON A SEPARATE SHEET