

**2020 DRESSAGE COMPETITION ENTRY FORM**

Effective December 1, 2019, 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 2020 USEF Membership Cards (Rider/Handler, Owner/Agent, Trainer, Coach) or verification.

Official Use Only	Bridle No.
-------------------	------------

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 #		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. 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). 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.		
Unless show provides entry verification service: * Attach copies of USEF & USDF Horse Recording and Registration Certificates. * Include a copy of USEF Amateur Certification if competing as an Adult Amateur. Go to <a href="http://www.eqverification.org/">http://www.eqverification.org/</a> to print copies. * USEF Competing Members 18 years of age or older are required to complete the core Safe Sport Training within 30 days of activating your membership.				

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)		
<b>SUBTOTAL Class Fees</b>							

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):	

**FEDERATION ENTRY AGREEMENT**

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of \_\_\_\_\_(Competition). I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.

**I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS.**

By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor's) participation in any USEF Event. If, despite this Agreement, I, or anyone on my behalf or the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the result of such claim.

**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**

*Before Mailing, Be Sure You Have:*

- \_\_\_ 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 Payment for all 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 in 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 COMPETITION ENTERED ON THIS ENTRY FORM OFFERS CERTAIN USE OF CHARGE CARDS!! (Check prize list for payment requirements)**

Name on Card: \_\_\_\_\_ Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  Visa  MasterCard  Discover Card  Other \_\_\_\_\_ CCV #: \_\_\_\_\_

Signature: \_\_\_\_\_ Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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