Stalls

Tack Stalls

Official	Use Only
BRIDI	F#

	Nausas Ha			Dom <i>u</i> e-	uo Nasse	/15 AND	`	IICEE#		ЦСВ	C#	For Suc
	Name of Ho	IRSE		PREVIOL	JS N AME	(IF ANY	<i>)</i>	USEF#		USD	r#	For Sale
BREED S	EX H EIGH	T Color	COGGINS D	ATE (ENCLO	OSED CO	PY)		SIRE			Dам	
Dam's Sire	Countr	RY OF B IRTH	YEAR OF BI	RTH	Bre	EDER		FEI/P	ASSPORT	#	Groo	OM
RIDER/HANDLE	R		•	· ·		CLASS	No. Divis	ION (Class Descr	RIPTION	Qual Y/	N FEES
JSEF#												
Address												
CITY/ST/ZIP												
CELL PHONE		JR/You	JNG RIDER BIR	THDAY			+					
EMAIL ADDRESS						1	-	+				
RIDER CITIZENSHIP	(IF NOT USA)						+					+
RIDER STATUS (CIRC	CLE ONE): JR/Y	G	AA O	PEN		1	-	+				
OWNER							+					+
JSEF#	USDF#		LOCAL#			Supr	OTAL CLA	SS FEES AI		VINO EFF		
Address						_		EMBER FEI				
CITY/ST/ZIP						-		ID/OR BRID		NON-MEMBER		
CELL PHONE							F Horse		LE #1 CE			
EMAIL ADDRESS							JSEF FEE	+ \$15 Drug F	EE = \$23.0	0		
Owner Citizenshi	IP (IF NOT USA)_							=ES + \$ 25 Drug	FEE = \$33.0	00		
TRAINER						IHP [DISCIPLINE	FEE (\$3	5 IF REQUII	RED)		
JSEF#	USDF#		LOCAL#			STABL	ING FEES	S	ALL @ \$_	/ST	ALL	
Address						TACK :	STALLS	ST	ALL @ \$_	/ST	ALL	
CITY/ST/ZIP						BEDD	ING	Ваі	ES @ \$_	/Bai	LE	
CELL PHONE						Non	Сомретіі	NG HORSE I	EE			
MAIL ADDRESS						Spon	SORSHIP					
COACH						Grou	JNDS FEE	OR OTHER	FEES		_	
JSEF#	USDF#		LOCAL#			Отне	R				_	
Address						LATE/	Change/	Bank Chai	RGES FOR	СС		
CITY/ST/ZIP												
Please complete a	all three pages	. Reverse N	IUST be SIGN	ED.				TOTAL	FEES			
Stabling Infor	mation & S	Special F	Requests: #	Please list only	y ONE nan	ne (eithe	r individual	or barn) for e	entire group	(so we can g	get everyone	together)
Group/Self					T	Tue	Wed	Thu	Fri	Sat	Sun	Mon

Stable Group: _____Contact: ____



I hereby agree to release, indemnify and hold harmless USDF, its instructors, officers, directors, agents, and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition or related activities. I also hereby agree to release, indemnify and hold harmless the competition licensee, show management, competition staff, show committee and members, officers, directors, agents, and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition or related activities.

USDF participation in this competition or related activities.								
	VISA	AMEX	CARD NO		EXP DATE			
	MasterCard	Other	NAME ON CARD:		cvv#			
	BILLING ADDRESSZIP CODE							
	EQUESTRIAN FEDERATION	N ENTRY AG	REEMENT					
	,		tion and signing this entry blank as the Own		5,,,,,			
	-	-	and my principals, representatives, employe		-			
			, Inc. (the "Federation") and the local rules or eration and of the competition. I will accept a					
			hold harmless the competition, the Federation					
			enter and/or participate under the Rules, and					
			eptance of entry, the Federation and/or the Co					
	casts, broadcasts, in	ternet, film, new med	ia or other likenesses of me and my horse tal	ken during the course of the co	mpetition for the promotion, coverage			
			Federation. Those likenesses shall not be use					
	to jeopardize amateu	ır status. I hereby exp	ressly and irrevocably waive and release any	rights in connection with such	use, including any claim to			

If not currently a USEF Active Competing member or Subscriber, I acknowledge that I will be enrolled for no cost as a USEF Fan and my USEF Fan Account will continue to annually automatically renew in USEF's sole discretion. Additionally, I acknowledge that the benefits of a USEF Fan are subject to change without notice. USEF may in its sole discretion, at any time, terminate my USEF Fan status. I acknowledge that I may opt out at any time by going to My USEF Dashboard or calling (859) 810-8733.

compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of

the Stateof New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.

BY SIGNING BELOW, I AGREE that I have read, understand, and agree to be bound by all applicable Federation Bylaws, rules, and policies including the USEF Safe Sport Policy and Minor Athlete Abuse Prevention Policies (MAAPP) as published at www.usef.org, as amended from time to time, as well as 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/DRIVER/HANDLER/VAULTER/LONGEUR (mandatory)	OWNER/AGENT (mandatory)			
Signature:	Signature:			
Print Name:	Print Name:			
TRAINER (mandatory)	COACH (if appicable)			
Signature:	Signature:			
Print Name:	Print Name:			
Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaulter/Longeur is a minor)				
Print Parent//Guardian Name:E	mergency Contact Phone No			
Is Rider/Driver/Vaulter a U.S. Citizen: Yes No				