JULY 3, 2020

Name of Horse	USEF / ID #	Color	olor Sex Height		Green Year	Circle Size
					1^{st} 2^{nd}	Sm Med Lg
Rider	Age	USEF#	ASPCA #		Classes	
#1						
	l l					
Rider	Ama	USEF#	ASPCA#		Classes	
#2	Age	USEF#	ASPCA #		Classes	
FEDERATION ENTRY AGREE	MENT By entering a Feder	ation-licensed Cor	npetition and signing	this entry blank as the C	Owner, Lessee, Trainer, Manager	. Agent. Coach. Driver. Rider.
eligible to enter and/or participate under the Ru Competition may use or assign photographs, promotion, coverage or benefit of the competition hereby expressly and irrevocably waive and releast application of Federation rules are governed AGREE to be bound by all applicable Federation electronically, I acknowledge that my elect Rider/Driver/Handler (mandatory) Signature Print Name: Parent/Guardian Signature (Required if rider Print Parent/Guardian Name: Is Rider/Driver/Vaulter a U.S. Citizen:	videos, audios, cable-casts, bi ion, sport, or the Federation. Th ase any rights in connection with d by the laws of the State of Ne n Rules and all terms and provis tronic signature shall have t Owner/Agent (mandatory Signature Print Name	roadcasts, internet lose likenesses shal n such use, including w York, and any ac sions of this entry b he same validity, ')	t, film, newmediaorot I not be used to adverti g any claim to compens ction instituted again blank and all terms and force and effect as if Trainer (mandate Signature Print Name:	herlikenessesofmeand seaproduct and they ma a-tion, invasion of privac stthe Federation must provisions of this Prize I affixed my signatur	myhorsetakenduringthecours ynot be used in such a way as to je y, right of publicity, or to misappre be filed in New York State. See List. If I am signing and submit e by my own hand. Coach (if applicable) Signature Print Name:	se of the competition for the copardize a mateur status. I opriation. The construction and GR908.4. BYSIGNING BELOW, I ting this Agreement
Owner	Rider			Trainer		
Name	Name		Name_		OFFICE FEE	\$35
Address_	Address		Address		USEF SHOW PASS FUSHJA SHOW PASS	•
					DRUG AND MED FEE	The state of the s
Phone #	Phone #					5 \$23
USEF#	<u> </u>					·
raxpayer information (for Prize Money)	USEF#		Phone # USEF#		CREDIT CARD NUME	•
	USEF#Rider		USEF#_	ECKS PAYABLE TO:		·
Name_	USEF#Rider	#2	USEF#CHI			·
	USEF#Rider	#2	USEF#CHI	ECKS PAYABLE TO: D SALEM FARM PO BOX 317		BER
NameAddress	USEF#	#2	USEF#OLI	ECKS PAYABLE TO: D SALEM FARM	CREDIT CARD NUME EXP DATE	BER
Name_	USEF#_ Rider	#2	USEF#OLI	ECKS PAYABLE TO: D SALEM FARM PO BOX 317 TH SALEM, NY 10560	CREDIT CARD NUMB	BER