AUGUST 1, 2020

Name of Horse	USEF / ID #	Color	Sex	Height	Age	Green Year	Circle Size
						1^{st} 2^{nd}	Sm Med Lg
Rider	Age USEF#		ASPCA#		Classes		
#1							
			Į.				
Rider	Age	USEF#	ASE	PCA#		Classes	
#2	Age	30E: "	AGI	OA II		OldSSCS	
FEDERATION ENTRY AGRE	EMENT By entering a Feder	ration-licensed C	ompetition a	nd signing this	entry blank as the	Owner, Lessee, Trainer, Mana	ager, Agent, Coach, Driver, Ric
landler, Vaulter or Longeur and on behalf of m	nyself and my principals, represe	entatives, employe	ees and agents	s, I agree that I ar	m subject to the By	laws and Rules of The United S	tates Equestrian Federation, In
the "Federation") and the local rules of							
any guestion arising under the Rules, and agre							
eligible to enter and/or participate under the R							
Competition may use or assign photographs							
romotion, coverage or benefit of the competi							
ereby expressly and irrevocably waive and rele							
pplicationofFederationrulesaregoverne	edbythelaws of the State of N	ewYork, and any	actioninstit	utedagainstth	eFederation mu	stbefiledinNewYorkState.S	SeeGR908.4. BYSIGNINGBELC
AGREE to be bound by all applicable Federation	on Rules and all terms and prov	isions of this entr	v blank and al	Iterms and prov	isions of this Priz	e List. If I am signing and sub	mitting this Agreement
electronically, I acknowledge that my elec Rider/Driver/Handler (mandatory)	ctronic signature shall have	the same validity	v force and	effect as if I aff	ixed my signatu	re by my own hand	i gradu gradu
Rider/Driver/Handler (mandatory)	Owner/Agent (mandator	v)	Traine	r (mandatory)	inca iii, sigilaca	Coach (if applicab	le)
Signature	Signature		Signat	Signature		Signature	
Print Name:	Print Name:		Print N	lame:		Print Name:	
Parent/Guardian Signature (Required if rid	Jer/driver/handler is aminor)		_	·			
Print Parent/Guardian Name:		EI	MERGENCY	CONTACT PHO	ONE NUMBER		
Rider/Driver/Vaulter a U.S. Citizen:	yesno		AIL ADDRES				
Owner	Ride	r #1			Trainer	OFFICE FEE	\$35
Name	Name		Name	e		USEF SHOW PAS	
Address	Address		Addr	ess		USHJA SHOW PA	
N	TM //		DI.	"		DRUG AND MED	FEE \$23
Phone #	Phone #		Phon	e #			
JSEF#	USEF#Rider		USEI	F#		CREDIT CARD N	UMBER
Taxpayer Information (for Prize Money)	Rider	r #2		CHECKS	S PAYABLE TO:		
Name	Name			·			
					ALEM FARM		
Address	Address				BOX 317	EXP DATE	CODE
					ALEM, NY 10560		
Phone #	HIGHE #				14-669-5610	SIGNATURE	
	USEF #			fax: 9	014-669-8532		
SS#	SignatureX						