AUGUST 20-23, 2020

	Name of Horse	USEF / ID #	Color	Sex	Sex Height		Age	Green Year			Circle Size		
									1 st	2^{nd}		Sm Me	d Lg
	Rider	Age	USEF#	ASPCA#		•			Classes		•		
#1													
				I									
	Rider	Age	USEF#	ASE	PCA#				Clas	202			
#2	Niuei	Age	USLI #	ASI	CA #				Clas	5565			
					L	L							
FEDERA	TION ENTRY AGREEN	VENT By entering a Feder	ation-licensed Co	ompetition a	nd signing	this entry b	olank as th	ne Owner, L	_essee, T	rainer, M	anager, Age	ent, Coad	ch, Driver, Rid
	er or Longeur and on behalf of myse												
	on")andthelocalrules of ((
	rising under the Rules, and agree to												
	r and/or participate under the Rule												
	nayuseorassignphotographs, vic												
	ray as eor as sign photographs, with												
promotion, cov	slyand irrevocably waive and releas	n, sport, or the rederation. If		iaii iiul be use in a a nivelaina	u to auvertis	se a product	i anu they	may not be	useu III si	ucii a way	as tojeopai	tion The	aleui Status.i
nerebyexpress	ny and irrevocably waive and releas	e any rights in connection wit	n such use, includ	ing any ciaimi	to compensa	t- tion, inva	Sion oi pri	vacy, right c	oi publicii	ty, or to m	isappropria	tion. The	Construction
	Federation rules are governed l												
	und by all applicable Federation R										ubmitting t	this Agre	ement
electronically	, I acknowledge that my electro	onic signature shall have t	the same validity	, force and	effect as if	I affixed r	ny signat	ture by my	own ha	ınd.			
	andler (mandatory)	Owner/Agent (mandator	y)		er (mandato				Coach	(if applic	able)		
Signature		Signature		_ Signat	ture Name:				Signatu	ıre	,		
Print Name:	an Signature (Required if rider/	Print Name:		_ Print N	Name:				Print Na	ame:			
Parent/Guarus	an Signature (Required if rider/ Juardian Name:	driver/nandier is aminor)		MERGENCY	CONTACT	DUONE N	IMDED	_					
Print Parent/G Is Rider/Driver	r/Vaulter a U.S. Citizen:	yesno		VIERGENCY AIL ADDRES		PHONE N	JINIBEK						
is maci/biller	Owner	yesno Rider		AIL ADDINEO		Traine	r						
Name		Name_		Name	e					CE FEE			\$35
		Address			ess						PASS FEE		\$45
11001000		11001000		- 11001							PASS FEE		\$30
Phone #		Phone #		Phon	e#				DRUG	S AND ME	ED FEE		\$23
USEF#		USEF#		USE					CRED	OIT CARD	NUMBER		
	nformation (for Prize Money)	Rider	#2						7				
Name		Name				ECKS PAYA							
					OLI) SALEN		-					
Address		Address			NODT	PO BOX : TH SALEM:)	EXP [DATE		COI	DE
						tel: 914-669		j					
Phone #		USEF#				tei: 914-669 fax: 914-669			SIGN	ATURE			
SS #		SignatureX											