	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							
	Rider	Age	USEF#	ASPCA #		Classes	
#2	Ridei	Age	U3EF #	ASPCA #		Classes	
FEDE	ERATION ENTRY AGREE	MENT By entering a Feder	ation-licensed Cor	npetition and signing thi	s entry blank as the C	Owner, Lessee, Trainer, Manac	ger, Agent, Coach, Driver, Rider,
Handler,	Vaulter or Longeur and on behalf of my	self and my principals, represe	ntatives, employee	s and agents, I agree that I	am subject to the Byla	ws and Rules of The United Sta	tes Equestrian Federation, Inc.
(the"Fed	deration") and the local rules of	(Competition). Lagree to be boo	und by the Bylaws ai	nd Rules of the Federation a	and of the competition	n. I will accept as final the decisi	on of the Hearing Committee on
any ques	tion arising under the Rules, and agreet	to release and hold harmless th	e competition, the F	ederation, their officials, d	lirectors and employe	es for any action taken under th	ne Rules. I represent that I am
	o enter and/or participate under the Ru						
	itionmayuseorassignphotographs,v						
	on, coverage or benefit of the competiti						
herebye	xpressly and irrevocably waive and relea	ise any rights in connection with	n such use, includin	g any claim to compensa- ti	on, invasion of privac	y, right of publicity, or to misap	propriation. The construction and
	tionofFederationrulesaregoverned						
	be bound by all applicable Federation						litting this Agreement
Rider/Dr	nically, I acknowledge that my elect river/Handler (mandatory)	ronic signature shall have t Owner/Agent (mandatory	ne same validity, N	Trainer (mandatory)	ttixed my signature 1	e by my own nand. Coach (if applicable)
Signatur	ature Signature		,	Signature Print Name:		SignaturePrint Name:	
Print Na	me:	Print Name:		Print Name:		Print Name:	
	Guardian Signature (Required if ride rent/Guardian Name:	r/driver/handler is aminor) _		ERGENCY CONTACT PH	IONE NUMBER		
Is Rider/	rent/Guardian Name: /Driver/Vaulter a U.S. Citizen:	yes no	EMAI	L ADDRESS	IONE NUMBER		
	Owner	Rider			Trainer		
Name		Name		Name		OFFICE FEE	\$35
Address_		Address		Address			
Phone #_		Phone #		Phone #			
USEF#_		USEF#		USEF#			
Тахра	ayer Information (for Prize Money)			USLI #			
	ayer information (for Prize Money)	Rider	#2		S PAVARI E TO:	CREDIT CARD NU	MBER
Name		Rider		CHECK	S PAYABLE TO:	CREDIT CARD NU	MBER
		Rider Name_		CHECK OLD S	SALEM FARM		
		Rider		CHECK OLD S	SALEM FARM O BOX 317	CREDIT CARD NU EXP DATE	
Address_		Rider Name_		CHECK OLD S P NORTH	SALEM FARM	EXP DATE	
Address_		Rider Name_		CHECK OLD S P NORTH tel:	SALEM FARM PO BOX 317 SALEM, NY 10560		