Name of Hors	e USEF/IL)# Color	Sex Height	Age	1 st 2 nd	Sm Med Lg
				<u></u>	1 2	om wica Lg
Rider	Age	USEF#	ASPCA#		Classes	
#1						
Rider	Ag	je USEF#	# ASPCA#		Classes	
#2						
		US	EF Entry Agreement			
Rules, and agree to release a that I am eligible to enter and acceptance of entry, the Fed likenesses of me and my holikenesses shall not be used release any rights in connect application of Federation rul GR908.4.BY SIGNING BELOW Safe Sport Policy and Minor of this Prize List. If I am sign I affixed my signature by my Rider/Driver/Handler (mandator Signature Print Name:	ry) Owner/Agent (ma Signature	etition, the Federation es, and every horse on may use or assign the competition for ney may not be used any claim to compete the State of New Younderstand, and agredicies (MAAPP) as prement electronically, andatory)	n, their officials, directors a I am entering is eligible as a n photographs, videos, audi r the promotion, coverage o in such a way as to jeopare nsa tion, invasion of privac rork, and any action institut ee to be bound by all applic ublished at www.usef.org, a , I acknowledge that my ele Trainer (mandatory) Signature	and employees for a entered. I also agre- ios, cable - casts, b or benefit of the con dize amateur status y, right of publicity, ted against the Fede able Federation By as amended from tin ctronic signature sl	any action taken under e that as a condition of roadcasts, internet, film npetition, sport, or the s. I hereby expressly an , or to misappropriation eration must be filed in laws, rules, and policie me to time, as well as a	the Rules. I represent and in consideration on the media or other Federation. Those and irrevocably waive and The construction and New York State. See as including the USEF all terms and provisions dity, force and effect as
Print Parent/Guardian Name:		E	EMERGENCY CONTACT PHON	NE NUMBER		
Is Rider/Driver/Vaulter a U.S. Ci	itizen: yesno	Rider #1	MAIL ADDRESS	ainer	Total Fees:	
NameAddress	Name	Muel #1			Total 1 ccs.	
	Address		Address_		Federation Fee Drugs & Medication	Fee @ \$23 <u>\$23.00</u> .
Phone #	Address Phone #				Drugs & Medication	
Phone #USEF#	Phone #		Address			ee @ \$45
Phone #USEF# Taxpayer Information (for Pri	Phone #USEF#_	Rider #2	AddressPhone #USEF#	PAYABLE TO:	USEF Show Pass Fe	ee @ \$45 ee @ \$30
Phone #USEF#	Phone #	Rider #2	Phone #USEF# CHECKS P OLD SAI PO E		USEF Show Pass Fe	ee @ \$45
Phone #USEF# Taxpayer Information (for Pri	Phone #USEF#	Rider #2	Address Phone # USEF# CHECKS P OLD SAI PO E NORTH SAI tel: 914	PAYABLE TO: LEM FARM BOX 317	USEF Show Pass Fe USHJA Shoe Pass Fe US HJA Zone Suppo	ee @ \$45 ee @ \$30 ort Fee @ \$2