

Check Boxes for Shows Entered →	<input type="checkbox"/> Show Jumping Classic ▪ May 15-19, 2024 <input type="checkbox"/> Southwest Classic ▪ May 22-26, 2024		Entry Deadline: May 1, 2024
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NAME OF HORSE	USEF/USHJA #	BREED	COLOR	SEX	HEIGHT	AGE
NAME OF RIDER	AGE	SECTIONS/CLASSES ENTERED	USEF/USHJA #	ASPCA #		
1st Rider						
2nd Rider						

CREDIT CARD INFORMATION MUST HAVE CREDIT CARD PRESENT AT CHECK OUT <input type="checkbox"/> Visa, <input type="checkbox"/> MasterCard, <input type="checkbox"/> American Express, <input type="checkbox"/> Discover Card # _____ Expiration Date: ____ / ____ CVV Code: ____ Card Holder's Name: _____ Signature: _____ Address: _____ City/State/Zip: _____

FEDERATION ENTRY AGREEMENT

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of Show Jumping Classic and Southwest Classic. I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.

BY SIGNING BELOW, I AGREE that I have read, understand, and agree to be bound by all applicable Federation Bylaws, rules, and policies including the USEF Safe Sport Policy and Minor Athlete Abuse Prevention Policies (MAAPP) as published at www.usef.org, as amended from time to time, as well as all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

# _____ Stalls @ \$300	
Nominating Fee \$175	
USHJA Non-Member \$30	
USEF Fee (Drug & Medication \$15/USEF \$8)	\$23
USHJA Fee \$7	\$7
OFFICE FEE \$75	\$75
LATE FEE \$75	
NON-SHOWING FEE \$100	
GROUNDS FEE \$75	
TOTAL	
A convenience fee of three percent of the total invoice will be added to all invoices being paid with a credit card	

Owner/Agent	Trainer	Rider 1	Coach (if applicable) or Rider 2
Signature _____	Signature _____	Signature _____	Signature _____
Print Name _____	Print Name _____	Print Name _____	Print Name _____
Address _____	Address _____	Address _____	Address _____
City, State, Zip _____	City, State, Zip _____	City, State, Zip _____	City, State, Zip _____
Phone (_____) _____	Phone (_____) _____	Phone (_____) _____	Phone (_____) _____
USEF # _____	USEF # _____	USEF # _____	USEF # _____
Email Address: _____	Email Address: _____	Email Address: _____	Email Address: _____

PRIZE MONEY TAXPAYER INFORMATION MUST BE COMPLETED!	_____ Taxpayer Name (must coincide with SS# or EIN#) _____ Social Security # or Federal ID #	Prize Money Payee Address _____ _____	STABLE WITH: In Case of Emergency during the show contact # (_____) _____
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