

REGIONAL SHOW NAME
SHOW DATE

SEND TO:
Show Secretary Name
Address/City/State/Zip
Telephone

PLEASE TYPE OR PRINT/ONLY ONE OWNER PER ENTRY FORM. All entries must be complete. Enclose correct fees, copies of horse registration papers, purchase contract (if applicable), USEF/EC membership cards, amateur certification (if applicable), AHA Competition level membership cards for each rider, driver, handler, trainer and owner.

Form for horse registration details including Name of First Horse, Reg. No., DOB, Sex, Color, Height, Sweepstakes, Sire, Dam, Horse USDF #, Entry Fees, Rider/driver/handler, AHA #, USEF/EC #, Class Numbers.

FOR MORE THAN TWO RIDERS WITH SAME HORSE, USE NEXT TABLE, LEAVING HORSE DATA BLANK

Form for horse registration details for multiple riders, including Name of Second Horse, Reg. No., DOB, Sex, Color, Height, Sweepstakes, Sire, Dam, Horse USDF #, Entry Fees, Rider/driver/handler, AHA #, USEF/EC #, Class Numbers.

FOR MORE THAN TWO HORSES REQUEST ADDITIONAL FORMS OR MAKE PHOTOCOPIES

TOTAL CLASS FEES \$ _____

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers, releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge. ALL OWNERS, TRAINERS, RIDERS, DRIVERS & HANDLERS MUST SIGN ON THE BACK. Minor entrants must also have parent/guardian signature(s) on the back.

_____ Stalls @ \$ _____

_____ Office Fee \$ _____

_____ Tack Rooms @ \$ _____

OWNER (as appears on reg. papers or contract)

Name _____

AHA # _____

_____ USEF Fees @ \$15 per horse (includes \$7 Drugs & Medication fee) \$ _____

Address _____

USEF/EC # _____

_____ USEF Non-Member Fee @ \$30 \$ _____

City, State, Zip _____

Phone _____

_____ Resolution 9-90 (Education) @ \$15 (Mandatory per horse) \$ _____

Coach _____

AHA & USEF/EC #'s _____

_____ Cattle Fee \$ _____

Trainer _____

AHA # _____

_____ Post Entry Fee @ \$ _____

Address _____

USEF/EC # _____

_____ Other \$ _____

City, State, Zip _____

Phone _____

Amateur Owner Relationship to Horse Owner _____

ENCLOSED TOTAL FEES \$ _____

Dressage Information - Owner USDF # _____

Rider USDF # _____

MAKE CHECK PAYABLE TO:

STABLE WITH _____

ENTRIES CLOSE

(Send request for joint stabling in the same envelope)

Table with 3 columns: Reg Class # Qualifying for, Show Name & Date, Points. It contains four rows for recording qualifying information.

FOR OFFICE USE ONLY

EC WAIVER - I hereby certify that every horse, rider and/or driver is eligible as entered and agree for myself and my representatives to be bound by the Constitution and Rules of the Equine Canada at this competition. It is hereby recognized that all equestrian sports involve inherent risk and that no helmet or protective equipment can protect against all foreseeable injury. I hereby accept this risk and hold harmless the EC, the competition, their officials, organizers, agents, employees and their representatives. (EACH OWNER, TRAINER, RIDER, DRIVER, HANDLER AND THEIR PARENTS/GUARDIANS IF MINORS MUST SIGN ON BACK.)