

ONLY ONE (1) OWNER PER FORM

OWNER	
Print Name of Legal Owner (Signature on Back)	
Street or P.O. Box of Owner or Agent	
City	State Zip
Phone No. of Owner	Owner Email Address
USEF #	ASHA #
AMHA # / AHA #	UPHA #

Charity Fair Horse Show

USEF ENTRY FORM Saddlebred, Morgan, Opportunity

JUNE 8 – 11, 2022

Del Mar, California - Fairgrounds

COMPLETE BOTH SIDES OF THIS FORM

OR ONLINE @ www.HorseShowsOnline.com

ENTRIES CLOSE MAY 23, 2022

TRAINER	
Print Trainer's Name (Signature on Back)	
Street or P.O. Box of Trainer	
City	State Zip
Phone No. of Trainer	Trainer Email Address
USEF #	ASHA #
AMHA # / AHA #	UPHA #

LEAVE BLANK	NAME OF HORSE (Class Number Under Name. One Class Per Square)	TOTAL FEES	BREED REG # & USEF REC #	RIDER, DRIVER OR HANDLER (Provide address on reverse)			
			BREED REG#	NAME:			
			USEF REC#	USEF:	ASHA:	AMHA/ AHA:	UPHA:
			BREED REG#	NAME:			
			USEF REC#	USEF:	ASHA:	AMHA/ AHA:	UPHA:
			BREED REG#	NAME:			
			USEF REC#	USEF:	ASHA:	AMHA/ AHA:	UPHA:
			BREED REG#	NAME:			
			USEF REC#	USEF:	ASHA:	AMHA/ AHA:	UPHA:

PLEASE SEND COPIES OF HORSE REGISTRATION PAPERS SHOWING PROOF OF OWNERSHIP, USEF MEMBERSHIP CARDS, ASHA, AMHA AND UPHA MEMBERSHIP CARDS AS APPLICABLE, AND PONY MEASUREMENT CARDS WITH THIS ENTRY FORM.

CREDIT CARD PAYMENT INFORMATION	
Name as it appears on card	
Card Number / Type	
Exp. Date	Billing Zip Code
3 digit security code	
Cardholder's Signature	
Note – 4% transaction fee to be applied	

**MAKE ALL CHECKS PAYABLE TO:
CHARITY FAIR HORSE SHOW**

**NO ENTRIES ACCEPTED UNLESS
ACCOMPANIED BY CHECK IN FULL
OR CREDIT CARD AUTHORIZATION**

**FOR MORE INFORMATION CALL:
RON HOOD (831) 524-5248**

MAIL ENTRIES TO:

**CHARITY FAIR HORSE SHOW
RON HOOD
280 MANSFIELD ROAD
HOLLISTER, CA 95023**

ENTRY FEES \$ _____
 POST ENTRY FEE (PER HORSE – SEE RULE 12 - \$30 if before 6/4...(____) x \$ 40 \$ _____
 OFFICE FEES (PER HORSE)..... x \$ 25 \$ _____
 CREDENTIALS at \$17.00 per person (____) x \$ 17 \$ _____
 STALLS/TACK ROOMS, NO FIRST BEDDING (____) x \$ 175 \$ _____
 EARLY ARRIVALS (PER DAY, PER STALL – SEE RULE 23) (____) x \$ 40 \$ _____
 GROUNDS FEE per horse, per day for horses not requiring stalls..... (____) x \$ 45 \$ _____
 CA DRUG FEE (PER HORSE)..... (____) x \$ 8 \$ _____
 USEF FEE \$23/horse (\$15 drugs/meds; \$8 USEF) (____) x \$ 23 \$ _____
 USEF Single Event Show Pass - (per person non-members)..... (____) x \$ 45 \$ _____
 AMHA Non-Member Fee (per owner, trainer and exhibitor)..... (____) x \$ 45 \$ _____
 BOX SEATS – SEE PAGE 7..... (____) x \$ 400 \$ _____
 CLASS SPONSOR – SEE PAGE 7..... \$ _____

TOTAL ENCLOSED \$ _____

SAFE SPORT TRAINING COMPLETED - YES _____ NO _____

STABLE WITH:

US Equestrian 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 Charity Fair Horse Show (Competition). 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.

OWNER/AGENT (MANDATORY)

Adult Signature: _____

Print Name: _____

RIDER/DRIVER/HANDLER #1 (MANDATORY)

Print Name: _____ Jr. DOB: _____

Rider #1 Street Address: _____

Rider #1 City/State/Zipcode: _____

Emergency Contact Phone No: _____ Email address: _____

Rider #1 Signature: _____

(If exhibitor is a minor, Parent/Guardian to sign)

Print Name – of Adult/Guardian: _____

TRAINER (MANDATORY)

Signature: _____

Print Name: _____

RIDER/DRIVER/HANDLER #2 (MANDATORY)

Print Name: _____ Jr. DOB: _____

Rider #2 Street Address: _____

Rider #2 City/State/Zipcode: _____

Emergency Contact Phone No: _____ Email address: _____

Rider #2 Signature: _____

(If exhibitor is a minor, Parent/Guardian to sign)

Print Name – of Adult/Guardian: _____