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The Ridge at Wellington Groves Horse Show 2024

Show date: _____

Entries Close at 9:00 am the day before the show
ALL EXHIBITORS MUST HAVE CURRENT USEF/USHJA MEMBERSHIP

HORSE/PONY NAME			USEF#	USHJA#	COLOR	SEX	HEIGHT	AGE	MICROCHIP#	FEES			
										*Fees charged to all entries			
RIDER ONE NAME			USEF#	USHJA#	D.O.B	RIDER 1 CLASSES					OFFICE FEE*	\$75	
RIDER TWO NAME			USEF#	USHJA#	D.O.B	RIDER 2 CLASSES					EMT FEE*	\$45	
OWNER			RIDER ONE			RIDER TWO					USEF FEE*	\$23	
NAME			NAME			NAME					DRUG \$15, ADMIN \$8		
ADDRESS			ADDRESS			ADDRESS					USHJA FEE	\$2	
CITY	STATE	ZIP	CITY	STATE	ZIP	CITY	STATE	ZIP	MISC FEE				
PHONE	USEF#	USHJA#	PHONE	USEF#	USHJA#	PHONE	USEF#	USHJA#	USHJA SHOW PASS			\$30	
EMAIL			EMAIL			EMAIL					SCHOOLING FEE		
TRAINER			PRIZE MONEY PAYEE			ON-LINE ENTRIES ACCEPTED AT WWW.HORSESHOWING.COM EMAIL COMPLETED ENTRY BLANK TO ENTRY@RIDGESHOWJUMPING.COM HORSE SHOW OFFICE PHONE 603-509-0591 Please visit horseshowing.com or www.ridgeshowjumping.com for updates!					STALL FEE		
NAME			NAME								POST ENTRY		\$50
ADDRESS			ADDRESS								NON-SHOWING HORSE		\$100
CITY	STATE	ZIP	CITY	STATE	ZIP						NOMINATION FEE		
PHONE	USEF#	USHJA#	SSN OR TAX ID#	EMAIL							ENTRY FEES		
FEDERATION ENTRY AGREEMENT			FEDERATION ENTRY AGREEMENT			FEDERATION ENTRY AGREEMENT					4% CREDIT CARD CONVENIENCE FEE		
<p>By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaulteur 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 The Ridge at Wellington (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.</p> <p>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.</p>													
OWNER			RIDER ONE			RIDER TWO			TRAINER		EMERGENCY CONTACT		
OWNER/AGENT SIGNATURE			RIDER ONE SIGNATURE			RIDER TWO SIGNATURE			TRAINER SIGNATURE		NAME		
PRINT NAME			PRINT NAME			PRINT NAME			PRINT NAME		PHONE		
CREDIT CARD INFORMATION: PLEASE PRINT CLEARLY NOTE: A 4% CONVENIENCE FEE WILL BE ASSESSED ON ALL CREDIT CARD CHARGES													
CARD NUMBER								EXP	CID				
NAME ON CARD			SIGNATURE			CELL PHONE			BILLING ZIPCODE				