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# The Ridge at Wellington Groves Horse Show 2026

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		
							S M L			*Fees charged to all entries		
RIDER ONE NAME			USEF#	USHJA#	D.O.B	RIDER 1 CLASSES					OFFICE FEE*	\$80
											EMT FEE*	\$50
RIDER TWO NAME			USEF#	USHJA#	D.O.B	RIDER 2 CLASSES					USEF FEE*	\$23
											DRUG \$15, ADMIN \$8	
											USHJA FEE	\$5
											MISC FEE	
OWNER			RIDER ONE			RIDER TWO			USHJA SHOW PASS			\$45
NAME			NAME			NAME			SCHOOLING FEE			
ADDRESS			ADDRESS			ADDRESS			STALL FEE			
CITY	STATE	ZIP	CITY	STATE	ZIP	CITY	STATE	ZIP	POST ENTRY			\$50
PHONE	USEF#	USHJA#	PHONE	USEF#	USHJA#	PHONE	USEF#	USHJA#	NON-SHOWING HORSE			\$100
EMAIL			EMAIL			EMAIL			NOMINATION FEE			
TRAINER			PRIZE MONEY PAYEE			ON-LINE ENTRIES ACCEPTED AT WWW.HORSESPOT.NET  EMAIL COMPLETED ENTRY BLANK TO <a href="mailto:ENTRY@RIDGESHOWJUMPING.COM">ENTRY@RIDGESHOWJUMPING.COM</a>  HORSE SHOW OFFICE PHONE 603-509-0591  Please visit horsepot.net or www.ridgeshowjumping.com for updates!			ENTRY FEES			
NAME			NAME						4% CREDIT CARD			
ADDRESS			ADDRESS						CONVENIENCE FEE			
CITY	STATE	ZIP	CITY	STATE	ZIP							
PHONE	USEF#	USHJA#	SSN OR TAX ID#									
EMAIL			EMAIL			Is Rider a U.S. Citizen: YES ___ NO ___			TOTAL DUE\$			
<b>FEDERATION ENTRY AGREEMENT</b> 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 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. 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		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			