2020 Horse Trials, Classic Events (BN3D, N3D, T3D, P3D) and Eventing Tests Entry Form

All information is required – fill in all blanks – use N/A if necessary. Both sides of this form must be completed with all membership, registration numbers and fees. Only ONE horse per form – Please PRINT clearly. Mail Entry Form to the Event Secretary. **USEA requires ALL foreign competitors to be members of the USEA** in order to compete at USEA-recognized competitions. In addition, **ALL foreign horses must be registered with the USEA** with Full or Limited registration status.

EMERGENCY INFORMATION:
Contact: _____
Relationship: _____
Phone: _____

EVENT: _____ **EVENT DATE:** _____

LEVEL (check one): ☐BN ☐BN3D ☐N ☐N3D ☐T ☐T3D ☐M ☐P ☐P3D ☐I ☐A ☐Test_____

ELIGIBLE SECTION:** Write 1st, 2nd, & 3rd choice next to the division in order of preference. ___AMT Amateur ___R Rider ___H Horse ___O Open ___CH Championship **Rider Date of Birth:** _____ ☐JR ☐YR ☐SR (*Refer to the ***2020 USEF Rules for Eventing, Appendix 3 for definitions)

HORSE NAME: _____ USEA Reg #: _____ USEF Reg #: _____ County of Residence _____
Color: _____ Breed: _____ ☐Stallion ☐Gelding ☐Mare Height: _____ Age: _____
Sire: _____ Dam: _____
Name on Coggins: _____ Team Name and Division (if applicable): _____
If riding more than one horse, state horse's names(s) and divisions: _____
_____
Do you plan to attend this event alone? If yes, please state the name and contact number of the person who will represent you in the event of an injury: _____
_____

RIDER NAME: _____ USEA Reg #: _____ USEF Reg #: _____
Address: _____ City: _____ State: ____ Zip: _____-_____
Phone: _____ Cell: _____ Fax: _____
E-mail: _____ Nationality: _____ Local EA #: _____
Contact Information during event, if different from above (hotel/cell phone/etc): _____

OWNER NAME: _____ USEA Reg #: _____ USEF Reg #: _____
Address: _____ City: _____ State: ____ Zip: _____-_____
Phone: _____ Cell: _____ Fax: _____
E-mail: _____

***TRAINER NAME:** _____ USEA Reg #: _____ USEF Reg #: _____
Address: _____ City: _____ State: ____ Zip: _____-_____
Phone: _____ Cell: _____ Fax: _____
E-mail: _____ (Trainer is adult (age 18 or older) responsible for care of horse.) *Trainer Definition refer to Article GR148 of the ***2020 USEF Rule Book.***

HORSE AND RIDER EXPERIENCE: (Must be completed for all Beg. Novice, Novice, Training, Modified and Preliminary levels). Refer to Appendix 3, sections 1.4, 1.5, and 1.6 for Rider and Horse definitions.
Highest level where the **Rider** has completed horse trials over the last 5 years: ☐BN ☐N ☐T ☐M ☐P ☐I ☐A ☐1* ☐2* ☐3* ☐4* ☐5*
Highest level the **Horse** has ever completed: ☐BN ☐N ☐T ☐M ☐P ☐I ☐A ☐1* ☐2* ☐3* ☐4* ☐5*

This section **MUST BE FILLED OUT.** All BN, N, and T riders list the last two competitions, if applicable. All M, P, I, and A riders **MUST** list all qualifying competitions completed at time of entry. Refer to the current ***USEF Rules for Eventing***, Appendix 3.

Mo/Yr	Event	Level	Horse	Rider	Dressage	XC Jump Penalties	XC Time	SJ Jump	Place/ Complete

FEES ENCLOSED:

For Beg. Novice, Novice, Training, and Modified Levels:

Entry Fee:	$_____
Stabling:	$_____
Tack/Extra Stall(s) QTY:_____	$_____
USEA Fees: (Drug/Meds/Admin/Starter)	$ 25.00
Combined Test: $25.00 USEA Non-Member Fee:	$_____
TOTAL:	$_____

For Preliminary, Intermediate, and Advanced Levels:

Entry Fee:	$_____
Stabling:	$_____
Tack/Extra Stall(s) QTY:_____	$_____
USEA Fees: (Drug/Meds/Admin/Starter)	$ 25.00
USEF Admin Fees:	$ 8.00
(If Applicable) $45.00 USEF Show Pass Fee:	$_____
TOTAL:	$_____

MISCELLANEOUS:

Grounds Fee:	$_____
Camping/Hook-up Fee:	$_____
Other (specify): _____	$_____
TOTAL for FEES and MISC:	$_____

DEPOSITS: Please use separate check(s)

Stall Clean/Damage:	$_____
Number/Bib:	$_____
Other (specify): _____	$_____
TOTAL for DEPOSITS:	$_____