## All entries must be submitted electronically through EquestrianConnect.com or by emailing ak@westpalmsevents.com

Level Must be Indicated Below - Entries due Oct. 1, 2021

OWNER	RIDER ONE					TRAINER							
Owner Name	Rider Name	Trainer Name											
Address			Address				Address						
City/State/Zip			City/State/Zip				City/State/Zip						
ocial Security # (if corporation see below)			Telephone E-Mail			Telephone			E-Mail				
E-Mail PCHA			USEF/USHJA	1			USEF/USHJA						
USEF/USHJA			ASPCA PCHA				ASPCA		PCHA				
PRIZE MONEY PAID TO			RIDE	PAYMENT INFO									
Individual Name (one name only) or Corporation Name			Rider Name	Credit Card #									
Social Security #			Address	Telephone		Cardholder Name			Exp.	С	VV#		
Fed #					E-Mail	Signature			Billing Zip				
Address			USEF/USHJA				Deposit Received \$			Ck# Date			
City/State/Zip			PCHA	CHA ASPCA			Closeout \$			Ck# Date			
NAME OF HORSE	RID			CLA	ASSES								
C	COLOR SEX HEIG	HT AGE				Birthday	z						
							RIDER						
USHJA#	RIDER TWO							1					
						Birthday	RIDER						
	entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaulter or Longeur and on						ASSOCIATON FEES						
behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The Unit Riders Cup. 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					ng Committee on any question arising under the Rules, and agree to release				CDFA DRUG FEE \$8.00				
	iction taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, ar eptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audio								\$23.00				
broadcasts, internet, film, new media or other likenesses of me and n		on. Those likenesses			\$3.00 \$7.00								
shall not be used to advertise a product and they may not be used in claim to compensation, invasion of privacy, right of publicity, or to mis		ch use, including any			\$45.00								
the Federation must be filed in New York State. See GR908.4.						USHJA S	HOW PASS	\$30.00					
FEDERATION RELEASE, ASSUMPTION OF RISK, WAIVER, AND INDEMNIFICATION I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT							NONREFUNDABLE DEPOSIT (PER HORSE) \$500.00						
CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS. By signing below, I (as the participant or as the Parent/Legal							HORSE SHOW FEES						
	Agreement in connection with my (or the minor's) participation in any USEF Event. If, despite this Agreeme will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the resu								\$2,175	00			
BY SIGNING BELOW, I AGREE to be bound by all applicable Feder					\$1,875.00		00						
electronically, I acknowledge that my electronic signature shall have	the same validity, fo	rce and ef	ffect as if I affixed my signature by my own han	ıd.									
RIDER/HANDLER (Mandatory)		OWNER	/MANAGER (Mandatory)		TRAINER (I	Mandatory)		l <del>                                      </del>					
Is Rider/Driver/Handler a U.S. citizen? (please circle) Yes N	0	•						LATE FEE	at Show		\$150.	00	
Signature:	_ Signature:	ure:			Signature:			TACK STA		\$400.00		_	
D. dat Alleman	Duint Name	Print Name:			Print Name:						\$150.	_	
Print Name:	_ Frini Name:	-		Frim Name:					OIT CARD FEE		\$500	00	
RIDER/HANDLER (Mandatory)	PARENT/GI	JARDIAN	I (Mandatory if rider/handler is a minor)	COACH (If applicable)									
Is Rider/Driver/Handler a U.S. citizen? (please circle) Yes No	0							l	CEND UNIA NUMINATUM AND CATALITAEN EEEC MITH ENTRY				
Signature:	_ Signature:	Signature:			Signature:			SEND ONLY NOMINATION AND STALL/TACK FEES WITH ENTRY TOTAL AMOUNT DUE:					
Print Name:	Print Name:		Print Name:										
EMERGENCY CONTACT						STABLE \	WITH:						
Name:PHONE:PHONE:													