


<b>Entry #</b>	 <b>April 12-16, 2022</b> <b>CLOSING DATE:</b> <b>March 29, 2022</b>						<b>MAIL ENTRIES TO: Rose Mount Farm Horse Show</b> PO Box 440, Spotsylvania, VA 22553 <b>ENTRIES ACCEPTED ONLINE:</b> <a href="http://horseshowsonline.com">horseshowsonline.com</a>   540-847-6212 <a href="mailto:rmfshowentries@gmail.com">rmfshowentries@gmail.com</a>			# Stalls @ \$225		
NAME OF HORSE	USEF/USHJA #	BREED	COLOR	SEX	AGE	HGT	PPD # _____ Coggins <input type="checkbox"/>			USEF Show Pass \$45		
							Amount _____ EHV <input type="checkbox"/>			USHJA Show Pass \$30		
NAME OF RIDER	USEF/USHJA #	SECTIONS/CLASSES			DOB	US CITIZEN	<b>CREDIT CARD INFORMATION</b>				USEF (\$15 D&M, \$8 USEF)/ USHJA (\$7) Fee \$30	
1st Rider						Y <input type="checkbox"/> N <input type="checkbox"/>	Name on Card _____				Office Fee \$50	
2nd Rider						Y <input type="checkbox"/> N <input type="checkbox"/>	Signature _____				Late Fee \$35	
							Card Number _____				Non-Showing Fee \$100	
							Exp ____ / ____ CVV# ____ Billing Zip _____				Camper \$150	
											<b>TOTAL</b>	
<b>FEDERATION ENTRY AGREEMENT</b>							<b>OWNER/AGENT</b>			<i>Stabling requests require separate Stabling Reservation form and pre-payment for all stalls.</i>		
<p>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 Rose Mount Farm April (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.</p> <p>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 to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and 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> <p>Signature _____</p>							Signature			<b>PRIZE MONEY RECIPIENT INFORMATION MUST BE COMPLETED</b>		
							Print Name					Taxpayer Name
							Address			Social Security or Federal ID #		
							City, State, Zip			Address		
							Phone			City, State, Zip		
							Email			USEF#		
USEF#												
<b>RIDER 1</b>			<b>RIDER 2</b>									
Signature			Signature									
Print Name			Print Name									
Address			Address									
City, State, Zip			City, State, Zip									
Phone			Phone									
Email			Email									
USEF#			USEF#									
<b>TRAINER</b>			<b>COACH</b>									
Signature			Signature									
Print Name			Print Name									
Address			Address									
City, State, Zip			City, State, Zip									
Phone			Phone									
Email			Email									
USEF#			USEF#									
Emergency Contact During Show _____ Contact's Phone _____												