## Shenandoah Classic Horse Show June 21-25, 2022

Entries Close Wednesday June 1, 2022

One Horse per entry Blank Make checks payable to: Virginia Horse Center Mail To: Shenandoah Classic Horse Show 65 Old Taylorsville Road, Shelbyville KY 40065 502 314 7960

Horseshowentries18@gmail.com

## PLEASE PRINT OR TYPE (Fill out completely)

| Owner                   |                                 |   |                   |                   | USEF #  |               | ,<br>Asso      | ciatior     | n #       |               |  |
|-------------------------|---------------------------------|---|-------------------|-------------------|---|---------------|----------------|-------------|-----------|---------------|--|
| Address                 | City/State/Zip                  |   |                   |                   |   |               |                |             |           |               |  |
| Phone #                 |                                 |   | Cell Pho          | one #             |   | Em            | ail            |             |           |               |  |
| Trainer                 |                                 |   |                   |                   | USEF #  |               | Asso           | ciatior     | n#        |               |  |
| Address                 |                                 |   |                   |                   | City/State/Zip  |               |                |             |           |               |  |
| Phone #Cell Phone #     |                                 |   |                   |                   |   | Em            | ail            |             |           |               |  |
| Rider/Driver/Handler    |                                 |   |                   |                   | USEF #  | Association # |                |             |           |               |  |
| Address                 |                                 |   |                   |                   | City/State/Zip  |               |                |             |           |               |  |
| Phone #Cell Phone #     |                                 |   |                   |                   | Email   |               |                |             |           |               |  |
| Make Checks payable to: |                                 |   |                   |                   | Social Security /Tax ID                                       |               |                |             |           |               |  |
| Address                 |                                 |   |                   |                   | City/State/Zip  |               |                |             |           |               |  |
| Office use              |                                 | Hor   | se Name           |                   |   |               | Registration   | #           | USEF#     |               |  |
| Color                   |                                 |   | Sex               |                   | Age   |               |                | Heig        | ht        |               |  |
| Class #                 |                                 |   |                   |                   |   |               |                |             |           | Total Fees    |  |
| Entry Fee               |                                 |   |                   |                   |   |               |                |             |           |               |  |
|                         | Т                               | OTAI  | ENTRY FEES        |                   |   |               |                |             | \$        |               |  |
| #                       |                                 | STALLS @ \$185.00 EACH                                  |                   |                   |   |               |                | \$          |           |               |  |
| #                       |                                 | USEF DRUG FEE @ \$23 PER HORSE                          |                   |                   |   |               |                |             | \$ 23.00  |               |  |
| #                       |                                 | USEF SHOW PASS FEE @ \$45                               |                   |                   |   |               |                |             | \$        |               |  |
| #                       |                                 | OFFICE FEE PER ENTRY                                    |                   |                   |   |               |                |             | \$ 40.00  |               |  |
| #                       |                                 | VIP SEATING \$500 – SEE PRIZE LIST FOR MORE INFORMATION |                   |                   |   |               |                |             | \$        |               |  |
| #                       |                                 | BOX SEATS \$350   |                   |                   |   |               |                |             |           |               |  |
|                         | Т                               | OTAI  | REMITTANCE        |                   |   |               |                |             | \$        |               |  |
|                         |                                 |   |                   | SIGNED. Signed    |   |               |                |             |           |               |  |
| Address while           | staying in Le                   | exing   | ton VA:           |                   | Cell Phone:   |               |                |             |           |               |  |
| Stable With:            | Date/Time of Arrival:           |   |                   |                   |   |               |                |             |           |               |  |
| HEALTH CERTIFICAT       | ES CURRENT WI<br>RUS (RHINOPNEL | THIN 3<br>JMON  | 0 DAYS. HORSES EN | TERING THE GROUNI | ITHS OF THE SHOW A<br>DS MUST BE ACCOME<br>S PRIOR TO ENTERIN | PAN           | IED BY DOCUMEN | ITATION     | OF EQUINE | INFLUENZA AND |  |
| Credit Card Number:     |                                 |   |                   | Exp Date:         |   |               | cc             | _ CCV Code: |           |               |  |
| Billing Zip Code:       |                                 |   |                   | _                 |   |               |                |             |           |               |  |



## FEDERATION ENTRY AGREEMENT

Is Rider/Driver/Vaulter a U.S. Citizen: \_\_\_Yes \_\_\_ No

| Vaulter or Longeur and on behalf of myself and my principals, repres of The United States Equestrian Federation, Inc. (the "Federation") a bound by the Bylaws and Rules of the Federation and of the competit under the Rules, and agree to release and hold harmless the compet the Rules. I represent that I am eligible to enter and/or participate una condition of and in consideration of acceptance of entry, the Federacasts, broadcasts, internet, film, new media or other likenesses of mor benefit of the competition, sport, or the Federation. Those likeness to jeopardize amateur status. I hereby expressly and irrevocably waive | we blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, entatives, employees and agents, I agree that I am subject to the Bylaws and Rules and the local rules of |
|---|--|
|   | on Rules and all terms and provisions of this entry blank and all terms and provisions ctronically, I acknowledge that my electronic signature shall have the same validity,                     |
| RIDER/DRIVER/HANDLER/VAULTER/LONGEUR (mandatory)  | OWNER/AGENT (mandatory)  |
| Signature:  | Signature:   |
| Print Name:   | Print Name:  |
| TRAINER (mandatory)   | COACH (if appicable)   |
| Signature:  | Signature:   |
| Print Name:   | Print Name:  |
| Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaulter/Longeur  | r is a minor)  |
| Print Parent//Guardian Name:  | Emergency Contact Phone No   |