



86TH ROCK CREEK HORSE SHOW
June 6 – 10, 2023



Entries close May 12, 2023

One Horse per entry Blank

Make checks payable to:

Rock Creek Horse Show

Phone (502) 314-7960 or email: horseshowentries18@gmail.com

PLEASE PRINT OR TYPE (Fill out completely)

**Mail to: Rock Creek Horse Show
65 Old Taylorsville Road
Shelbyville, KY 40065**

Owner _____ ASHA _____ AHHS _____ ARHPA _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone _____ e-Mail _____

Trainer _____ ASHA _____ AHHS _____ ARHPA _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone _____ e-Mail _____

Make Checks payable to: _____ **Social Security /Tax #** _____

Address _____ City/State/Zip _____

Emergency Contact Phone Number _____

Office use	Horse Name					Registration #			
Color	Sex		Age			Height			
Class #								Total Fees	
Entry Fee									
Rider							ASHA# _____ ARHPA# _____ UPHA# _____		
	TOTAL ENTRY FEES					\$			
	STALLS AT \$200.00 EACH					\$			
	ONE NIGHT STALL @ \$100.00 (CIRCLE NIGHT) T - W - TH - F - S					\$			
	OFFICE FEE PER HORSE					\$ 35.00			
	USEF DRUG FEE - \$23.00					\$			
	EXHIBITOR BADGES @ \$50.00					\$			
	TRAINERS SPECIAL PARKING @ \$125.00					\$			
	BOX SEATS (6 SEATS PER BOX) @ \$450					\$			
	TOTAL REMITTANCE					\$			
Vise/Master Card	Card Number					Expiration Date		Zip Code	
Name on card:					Telephone #				

CHECK # _____ AMOUNT _____ DATE RECEIVED _____



FEDERATION ENTRY AGREEMENT

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 Rock Creek Horse Show (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.

RIDER/DRIVER/HANDLER/VAULTER/LONGEUR (mandatory)

Signature: _____

Print Name: _____

TRAINER (mandatory)

Signature: _____

Print Name: _____

OWNER/AGENT (mandatory)

Signature: _____

Print Name: _____

COACH (if applicable)

Signature: _____

Print Name: _____

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaultor/Longeur is a minor)

By _____

Print Parent//Guardian

Name: _____ Emergency Contact Phone No _____

Is Rider/Driver/Vaultor a U.S. Citizen: Yes No