	QUALI (\$75 QUALI
[Child Jump Adult Jump Low Jr/Am
F	ailure to presen will result
EQUITATION/MISC	I have read the Ur Competition and a Prize List, and loc against the Feder This document wa I AGREE in consic I AGREE that I ch I AGREE to Hold I others, even if the I AGREE to expre I AGREE to indem others for any Har protective equipm junior exhibitor, I

SS#

Address

City, State, Zip

Name

Phone

Emergency Contact

Office

Pennsylvania National Horse Show

CLOSING DATE

Only ONE HORSE per entry form.					October 10-19, 2019					Sept. 3, 2019			
	Name of Horse or Pony				USHJA Reg. # Color Sex			Height	Foaled Sire				
											Dam		
QUALIFYING CLASSES-ENCLOSE \$150 (\$75 QUALIFYING FEE + \$75 OFFICE/ADMIN FEE)			FULL PAYMENT PLUS ALL FEES MUST BE ENCLOSED FOR THE FOLLOWING CLASSES/SECTIONS										
NAL Finals Child Jumper (1231) Child Hunter (1234) Adult Jumper (1232) Adult Hunter (1235) Low Jr/Am Jumper (1233)				Sidesaddle ☐ 171-Under Saddle (\$50) ☐ 172-Hack (\$50) ☐ 173-Over Fences (\$50)	Equitation Finals do not enter until qualified 56-Dover Saddlery/USEF Finals (\$275) 57-Training (\$125) Spare Equitation Horse (\$100)					Stalls can be ordered on acceptance packets. All USEF, USHJA & FEI Fees will be invoiced upon acceptance.			
Failu		roper USEF/USHJA membershi, non-member fees being charged.		l		ose a minimum of \$805 \$505 for each spare ed		er entered				 ¬	
United States Equestrian Federation, Inc. Entry Agreement				v Agreement	Send Acknowledgement via:					Office Fee @ \$75 per entry blank			
		d States Equestrian Federation, Inc. (the "F	ederation") Entry Agreem	nt (GR906.4) as printed in the Prize List for this						NAL Qualifying Fee - \$75.00 per entry			
Pri ag	ze List, and local ru			Competition, I am subject to Federation Rules, otos at the competition, and agree that any acti		Email:				USEF Non-Member Show Pass Fee: (\$45) Owner Rider Trainer			
S IA	GREE in considera GREE that the "Fed	es impor tant legal rights. Read it carefully before signing. ration for my participation in this Competition to the following: ederation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, perso se to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, own								USHJA Non-Member Show Pass Fee (\$30) Owner Rider Trainer			
others, even if the Harm arises or results, directly or indirectly, from the negligence of the Federation or the Competition. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the					acluding broken bones, head injuries, trauma, pain, suffering, or death ("Harm"). arm to me or my horse and for any Harm of any nature caused by me or my horse to the Competition. n harmless with respect to claims for Harm to me or my horse, and for claims made by				S	Special Parking @ \$125 ea:JrSr			
									5 10	USHJA Non-Member Show Pass Fee (\$30) Owner Rider Trainer Special Parking @ \$125 ea: Jr Sr Camper @ \$500 ea: Jr Sr PNHS Foundation Donation Spectator Tables: Jr @ \$1200 Sr @ \$1200 Medal @ \$500 GP @ \$500			
pro jun	others for any Harm caused by me or my horse while at the Competition. I have read the Federation Rules about protective equipment, including GR801 and, if a protective equipment without penalty, and I acknowledge that the Federation strongly encourages met o do so while WARNING that no protective equipment can junior exhibitor, I consent to the child's participation and AGREE to all of the above provisionsand AGREE to assume all of the obligations of this Release on the coaching and abilities to safely compete in this competition. I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Federation of the provided information on my injury and treatment to the Federation of the provided information on my injury and treatment to the Federation of the provided information of the provided information on my injury and treatment to the Federation of the provided information of the						an guard against all injuries.If I am a parent or guardian of a e child's behalf.I represent that I have the requisite training,						
	LOW, I AGREE to I		sions of this Prize List. If I am signing and submitting this Agreement electronically, I					Amount Enclosed (no open checks) NAL QUALIFYING ENTRIES \$150, ALL OTHER MUST PAY IN FULL!! Minimum required to process a Medal Entry (\$805)					
Owner Signature: Trainer Signature:				Rider #1 Signature:							Min		
Name			Name		Name					MAKE C	HECKS PAYABLE AND MAIL TO:		
USEF#			USEF #		USEF #						LVANIA NATIONAL HORSE SHOW RYEGATE SHOW SERVICES		
Address			Address		FEI#		Birthdate			C/O	1298 ROYAL ROAD		
City, State, Zip City, State, Zip				Address					ANNVILLE PA 17003				
Phone Phone		Phone		City, State, Zip					To verify receipt of entries, please use a delivery method which requires a signature. The show cannot verify receipt of faxed or regular mail entries. Separate checks for each horse are appreciated.				
Fax Fax		Fax		Rider #2 Signature:				The					
Cell Cell			Cell		Name					Reserve S	Stabling (TRAINER NAME PLEASE)	1	
Email			Email		USEF#								
SS#			SS#		FEI#		Birthdate						
Non	Alte	rnate Payee		Coach	Address								
Name			Sig.		City, Stat	e, Zip							

Parent/Guardian

Sig.

Name