2016 *USDF Region 1 Youth Team Competition Individual Entry Form*

Official Use Only	Bridle No.

Competitors are responsible for duplicating their own additional copies of this entry form. This is a 2-sided form. Other versions of entry forms may not be accepted by Region 1 competitions. TYPE OR PRINT CLEARLY -- ONLY ONE HORSE / RIDER PER ENTRY FORM

Competition Name: **2016** *USDF Region 1 Youth Team Competition*

Competition Date(s): July 23 & 24, 2016

NAME OF HORSE (Horse MUST be named)	BREED	COUNTRY (Where Bred)	SEX	HEIGHT	COLOR	AGE	DOB

Date of Coggins (must attach copy):	Breed Registration Number:	Check here If this horse is for sale and you want this to be listed in the Program ____
Sire:	Dam:	Dam's Sire:
	Breeder:	

Rider: _____ Cell Phone: _____ Eve Phone: _____

Rider's Address: _____ City/State/Zip: _____

Rider E-Mail: _____ DOB: _____

Team Name: _____ Team Division: _____

Alumni Rider's Region: _____ Date(s) you competed: _____ Level(s): _____

Owner: _____ E-Mail: _____

Owner's Address: _____ City/State/Zip: _____

Class #	Day	Class Name (Level//Division/Test – if TOC – state test)	Fee
	Saturday Warm-Up Test		
	Saturday Team Test		
	Sunday Team Test		
	Sunday MFS		
	Sunday PdD		
	Sunday DSE		
	Saturday *Alumni* Challenge1		
	Sunday *Alumni* Challenge2		
	Sunday *Alumni* Freestyle		
		SUBTOTAL Class Fees	

Payment For	Fee	Office Use
Subtotal Class Fees		
Office fee (pay per team please) ($36 per team)		
Pre-ordered bedding @ $10/bag		
Stabling - Horse Stall @ $100/stall		
Stabling - Tack Stall (Limited!) @ $100/stall		
Haul In Fee (For Non-Stabled Horses) Per DAY		
Camper Hook-Up		
TOTAL Rider Fees		

I, the undersigned, understand that there are risks of injury and death inherent in all equine activities, including the event named below. Such risks include, but are not limited to: (i) the propensity of an equine to behave in dangerous ways which may result in injury to or death of participants in such activities; (ii) the inability to predict an equine's reaction to sound, movements, objects, persons or animals; and (iii) the hazards of surface or subsurface conditions. I assume all risks of injury, death, and/or injury or damage to property, including equines, associated with participation in equine activities. I waive all rights to sue VADA, VADA/Nova, Inc., Morven Park or the United States Dressage Federation (USDF) and/or any of their officers, directors, volunteers, employees and agents, the judges at this event, the owner or lessor of the facilities where the event is held, and/or any sponsor of this event for injury to or death of me or, where applicable, the junior rider named below, and/or for injury or damage to property, including equines. I agree to indemnify and hold harmless the foregoing parties from and against any and all such claims of injury, death, or damage. This Liability/Release form is to be construed in accordance with, and to be as broad as permitted by, the Equine Activity Liability Act set forth in the Virginia Code.

*PARENT (for Riders under 18 mandatory) OR	*Rider – if 18 years or older
Signature:	
Print:	

** No entry is valid without original signature from the above individual; Photocopied signature are NOT acceptable.*

STABLING / CAMPER HOOK-UP RESERVATION FORM (Refer to Prize List for Specifications)

Contact NAME and NUMBER for Rider Emergency:

_____

Name of Lodgings Where Rider or Responsible Party Will be Staying During the Competition

Contact NAME and NUMBER for Horse Emergency

_____

Telephone Number at the Competition (For Emergency Contact Purposes)

Stall Occupant	Sex (S,M,G)	Check Stall Days/Nights Desired (see prize list directives) Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Horse Name								
Team Name:								
Team Tack stall (LIMITED!!)								

Approx. Time of Arrival: _____ Approx. Time of Departure: _____

Special Requests*: _____

_____

*Provide name of individual with whom you desire to be stabled (if part of a group, make sure you all name the same person)

Stabling fees: _____stalls for @ $ _____ per weekend = _____

#Pre-Ordered shavings: _____ @ $10 each = $_____

Camper fees _____hook-ups @ $_____nights @ $ _____ per night = _____

TOTAL STABLING / CAMPER HOOK-UP FEES: _____

ENTRY PREPARATION CHECKLIST

Before Mailing, Be Sure You Have:

___Completed Both Sides of the Entry Form
___All Original Required Signatures
___Enclosed a Copy of the Current Negative Coggins (EIA) Certificate (Refer to the Competition
___ 2016 YT Team Form (1 per team)

Reservation Form
___Enclosed a Check / Money Order for all Applicable Fees.

Mail this Entry Form, Coggins Test, Team form, and Fees to the Competition Secretary Identified on the Prize List.

PLEASE SUBMIT ANY IMPORTANT INFORMATION FOR THE ANNOUNCER ON A SEPARATE SHEET