

2009 USDF Region 1 Adult Team Competition Rider/Horse Form

Official Use Only	Bridle No.
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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 or HANDLER PER ENTRY FORM**

Competition Name: **2009 USDF Region 1 Adult Team Competition**

Competition Date(s): August 1 & 2, 2009

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:			
For Dressage Sport Horse Breeding (DSHB) classes, Sire, Dam, Dam's Sire & Breeder names required for ALL breed registered horses & recommended for others.			Breeder:				

Rider/Handler: _____ Day Phone: _____ Eve Phone: _____

Rider's Address: _____

Rider/Handler E-Mail: _____ FAX: _____ Citizenship*: _____

Owner: _____ Day Phone: _____ Eve Phone: _____ Fax: _____

Owner's Address: _____ E-Mail: _____

Class #	Day	Class Name (Level//Division/Test - if TOC)	Fee	Payment For	Fee	Office Use
	Sat	Team level:	n/a	Subtotal, Class Fees		
	Sun					
	Sun					
	Sun					
				Stabling		
				Grounds Fee (For Non-Stabled Horses)		
				Competitors Party (\$20 per person)		
SUBTOTAL Class Fees						

TOTAL FEES DUE per rider (not including the Team Fee: _____

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, Inc., HITS Commonwealth 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 rider and owner 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.

*RIDER/HANDLER (mandatory)		*OWNER / AGENT (mandatory)	
Signature:		Signature:	
Print:		Print:	
Home Emergency Phone Contact #			

* No entry is valid without original signatures from the above individuals; Photocopied signatures or writing "same" are NOT acceptable.

STABLING / CAMPER HOOK-UP RESERVATION FORM (Refer to Prize List for Specifications)								
Rider Name: _____				Home Phone: _____				
Name of Lodgings Where Rider or Responsible Party Will be Staying During the Competition				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								
If accompanied by NON-COMPETING HORSE, must complete separate entry form and pay all applicable fees.								
Tack	n/a							
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 _____ nights @ \$ _____ per night = _____								
Camper fees _____ hook-ups @ \$ _____ ea (flat rate) OR _____ nights @ \$ _____ per night = _____								
TOTAL STABLING / CAMPER HOOK-UP FEES: _____								

ENTRY PREPARATION CHECKLIST
<i>Before Mailing, Be Sure You Have:</i>
____ 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)
____ 2009 AT Team Form (1 per team)
Reservation Form
____ Enclosed a Check / Money Order for all Applicable Fees.
Mail this Entry Form, Supplemental Documents, and Fees to the Competition (Entry) Secretary Identified on the Prize List.

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