

REGION 5 NHSAA / ASPCA MACLAY CHAMPIONSHIP

St. Louis National Charity, Lake St. Louis, MO - September 19, 2021

Mail fully completed entry blank with check payable to:
The National Horse Show

c/o Cindy Bozan
2245 Stone Garden Lane, Lexington, KY 40513
Phone: 859-608-3709

**USE THIS ENTRY BLANK FOR ENTERING THE ASPCA MACLAY REGIONAL CHAMPIONSHIP ONLY
DO NOT SEND THIS ENTRY TO THE REGIONAL COMPETITION. SEND TO THE NATIONAL HORSE SHOW**

Entries must be received by 5 PM Eastern Time September 1, 2021

Or fax / email with credit card information:
cindy@nhs.org Fax: 866-285-9496

Please list the total points you have received in ASPCA Maclay classes: _____

Horse Name	USEF#	Color	Sex	Height	Yr. Foaled
Rider Name	ASPCA - MACLAY Regional Entry Fee \$150.00				

Federation Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for the National Horse Show & Fieldstone Farm ("Competition") and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, the Prize List, and local rules of the competition. I agree to waive the right to the use of my photos from the competition, and agree that any actions against the Federation must be brought in New York State.

FedEx - UPS and all tracking delivery mark
NO SIGNATURE REQUIRED

BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and 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.

Coach (if applicable)
Name: _____ USEF# _____
Signature: _____

Online Entries Accepted. Go to <https://entries.showmanagementsystem.com>

Owner Signature: _____ Owner USEF#: _____ Name: _____ Address: _____ City/State/Zip: _____ Phone _____ Fax _____ SS#/TIN# _____ Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No Email Address: _____	Rider Signature: _____ Rider USEF#: _____ Name: _____ Address: _____ City/State/Zip: _____ Phone _____ Fax _____ Email Address: _____	Trainer Signature: _____ Trainer USEF#: _____ Name: _____ Address: _____ City/State/Zip: _____ Phone _____ Fax _____ Email Address: _____
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EMERGENCY CONTACT INFORMATION Name: _____ _____ Phone _____	<p style="text-align: center;">A 3% nonrefundable convenience fee will be assessed for all credit card charges</p> Charge Entries to: <input type="checkbox"/> M/C <input type="checkbox"/> Visa SecCode _____ Card # _____ Exp Date _____ Bill Zip _____ Cardholder Name _____ Signature* _____ Phone Number _____ <p style="text-align: center;">*I authorize the National Horse Show to debit my account for entry fees.</p>	<p style="text-align: center;">PLEASE NOTE</p> - Please be sure to include email addresses as they will be used as a primary source of communication - Hard copy entry: Mail, fax or email this entry to The National Horse Show. Do NOT send to the Regional competition. If faxing or emailing, be sure to include a credit card for payment. - Enter online: https://entries.showmanagementsystem.com - For more information contact Cindy Bozan 859-608-3709 or cindy@nhs.org - Any additional fees (stalls, office, USEF, etc.) are to be paid to the Regional competition
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Parent/Guardian Signature (Required) _____	TOTAL AMOUNT DUE TO THE NATIONAL HORSE SHOW	\$150.00
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