

Grazing Fields Farm Medal Days

July 7 July 25 July 31
 August 10 August 31

THERE WILL BE A \$50 SERVICE CHARGE FOR ANY CHECKS RETURNED UNPAID. ALL COMPETITORS
 MUST PRESENT THEIR CURRENT USEFF/USHJA, NEHC, & MHJ MEMBERSHIP CARDS OR A COPY
 THEREOF BEFORE A NUMBER CAN BE GIVEN BY THE SECRETARY.
 PRE-ENTRIES MUST BE ACCOMPANIED BY PAYMENT OR SIGNED CHECK.



NAME OF HORSE OR PONY		HORSE RECORDING OR ID #	COLOR	SEX	HEIGHT	AGE	MEASUREMENT CARD #	HORSE/PONY
NAME OF RIDER ONE		AGE	USEFF/USHJA#	ASPCA #	NEHC#	MHC #	CLASSES / DIVISIONS	
NAME OF RIDER TWO		AGE	USEFF/USHJA#	ASPCA #	NEHC#	MHC #	CLASSES / DIVISIONS	

OWNER OR AUTHORIZED AGENT

RIDER ONE

TRAINER

Owner Name _____ Rider Name _____ Trainer Name _____

Address _____ Address _____ Address _____

City/State/Zip _____ City/State/Zip _____ City/State/Zip _____

Telephone _____ Telephone _____ Telephone _____

Agent Name _____ Rider Name _____

USEFF/USHJA # _____ USEFF/USHJA # _____

Post Entry Fee \$25 _____

Office/EMT/MHC _____

USEFF Drug Test \$7 _____

Office/Administrative Fee \$8 _____

NEHC/MHC/MHA/Avail Fee \$25 _____

Credits/Purses _____

ACCOUNT BALANCE _____

TOTAL AMOUNT DUE _____

AMOUNT ENCLOSED _____

OFFICE USE ONLY

RIDER 1: CHECK # _____ PAID CASH \$ _____

RIDER 2: CHECK # _____ PAID CASH \$ _____

Coach (if applicable) SIGNATURE: _____ PRINT NAME: _____

Trainer SIGNATURE: _____ PRINT NAME: _____

Owner/Agent SIGNATURE: _____ PRINT NAME: _____

Vaultier/Longeur (mandatory) SIGNATURE: _____ PRINT NAME: _____

Rider/Driver/Handler/Vaultier/Longeur (Required if Rider/Driver/Handler/Vaultier/Longeur is a minor): SIGNATURE: _____ PRINT NAME: _____

PRINT PARENT/GUARDIAN NAME: _____

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

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____

EMERGENCY CONTACT PHONE NO: _____