

# REGION 8 NHSAA / ASPCA MACLAY CHAMPIONSHIP

Blenheim Fall Tournament, San Juan Capistrano, CA - September 12, 2020

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, 2020

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

**Or fax / email with credit card information:**

cindy@nhs.org

Fax: 866-285-9496

|            |  |       |     |        |            |
|------------|--|-------|-----|--------|------------|
| 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 & Blenheim Fall Tournament ("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.

|   |   |   |
|---|---|---|
| Owner Signature:  | Rider Signature:  | Trainer Signature:  |
| Owner USEF#: _____  | Rider USEF#: _____  | Trainer USEF#: _____  |
| Name: _____   | Name: _____   | Name: _____   |
| Address: _____  | Address: _____  | Address: _____  |
| City/State/Zip: _____   | City/State/Zip: _____   | City/State/Zip: _____   |
| Phone _____ Fax _____   | Phone _____ Fax _____   | Phone _____ Fax _____   |
| SS#/TIN# _____  | <b>Email Address:</b> _____   | <b>Email Address:</b> _____   |
| Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |
| <b>EMERGENCY CONTACT INFORMATION</b>                                  | Charge Entries to: <input type="checkbox"/> M/C <input type="checkbox"/> Visa SecCode _____ | <p align="center"><b>PLEASE NOTE</b></p> <ul style="list-style-type: none"> <li>- Please be sure to include email addresses as they will be used as a primary source of communication</li> <li>- Mail, fax or email this entry to The National Horse Show. <b>Do NOT send to the Regional competition.</b> If faxing or emailing, be sure to include a credit card for payment.</li> <li>- For more information contact Cindy Bozan 859-608-3709 or cindy@nhs.org</li> <li>- Any additional fees (stalls, office, USEF, etc.) are to be paid to the Regional competition</li> </ul> |
| Name: _____   | Card # _____  |   |
| _____   | Exp Date _____ Bill Zip _____   |   |
| Phone _____   | Cardholder Name _____   |   |
|   | Signature* _____  |   |
|   | Phone Number _____  |   |
|   | *I authorize the National Horse Show to debit my account for entry fees.                    |   |
| Parent/Guardian Signature (Required) _____                            |   | <p align="center"><b>TOTAL AMOUNT DUE TO<br/>THE NATIONAL HORSE SHOW</b></p> <p align="center"><b>\$150.00</b></p>  |