

# REGION 5 NHSAA / ASPCA MACLAY CHAMPIONSHIP

St. Louis National Charity, Lake St. Louis, MO - 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**

**Entry closing deadline has been extended to September 7, 2020**

**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 & St. Louis National Charity ("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: _____  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: _____		
<b>EMERGENCY CONTACT INFORMATION</b>  Name: _____ _____ Phone _____	Charge Entries to: <input type="checkbox"/> M/C <input type="checkbox"/> Visa SecCode _____ Card # _____ Exp Date _____ Bill Zip _____ Cardholder Name _____ Signature* _____ Phone Number _____ *I authorize the National Horse Show to debit my account for entry fees.	<p style="text-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>		
Parent/Guardian Signature (Required) _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><b>TOTAL AMOUNT DUE TO THE NATIONAL HORSE SHOW</b></td> <td style="width: 30%; text-align: center;"><b>\$150.00</b></td> </tr> </table>		<b>TOTAL AMOUNT DUE TO THE NATIONAL HORSE SHOW</b>	<b>\$150.00</b>
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