

# REGION 6 NHSAA / ASPCA MACLAY CHAMPIONSHIP

Autumn in the Rockies II, Parker, CO - September 13, 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 & Autumn in the Rockies, II ("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>- <b>Please be sure to include email addresses</b> 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 THE NATIONAL HORSE SHOW</b></p> <p align="center"><b>\$150.00</b></p>