

# REGION 3 NHSAA / ASPCA MACLAY CHAMPIONSHIP

Equestrian Sport Productions, LLC, Wellington, FL - September 26, 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

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 & 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: _____
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**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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**A 3% nonrefundable convenience fee will be assessed for all credit card charges**

Charge Entries to:  M/C  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.

### PLEASE NOTE

- 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

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_

Parent/Guardian Signature (Required) \_\_\_\_\_

**TOTAL AMOUNT DUE TO  
THE NATIONAL HORSE SHOW**

**\$150.00**