

REGION 4 NHSAA / ASPCA MACLAY CHAMPIONSHIP

Kentucky National, Lexington, KY - September 25, 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: _____	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# _____	Email Address: _____	Email Address: _____

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