



REGION 4 AHA SPORT HORSE CHAMPIONSHIPS

DEVONWOOD EQUESTRIAN CENTRE

AUGUST 5 – 7, 2022

Entries open July 1, 2022. Early Entries close July 16, 2022

ON-LINE ENTRIES: www.gaitkeeper.com

☐ EMAIL Entry, Entry Agreement & USEF Waiver of Liability to horseshownumber@gmail.com
DO NOT Send copies of membership cards and registration papers.

☐ CREDIT CARD PAYMENT METHOD. Complete Credit Card Agreement. Write legibly to avoid costly errors. A 3% Credit Card Transaction (min. \$5) will be added to your total.

☐ CHECKS payable to REGION 4 AHA. In Notes: use owner last name/horse name

Mail to:
R4SHChamps % LISA KOLKE
16017 NE 319TH ST.
BATTLE GROUND, WA 98604

| | | | | | | | | |
|-------|-------------------------|-----|--------------------------|--|--|--------|-------|-------------|
| HORSE | Horse's Registered Name | | Registration# required* | <input type="checkbox"/> Arabian <input type="checkbox"/> HA/AA <input type="checkbox"/> Academy <input type="checkbox"/> Other | AHA Sweepstakes <input type="checkbox"/> YES <input type="checkbox"/> NO | Gender | Color | Height 4yr+ |
| | Sire | Dam | Horse's USEF# (optional) | Horse's USDF# (optional) | Horse's WDAA# (WD opt) | | | |

*Arabians: No leading "Zero" only number. Half-Arabians include 1A, 2A, etc. Canadian Registry start with CAHR# or CPAR#.

| | | | | | | |
|-------|--|-----------|------------|--------|----------------|--------------------|
| OWNER | OWNER (Exactly as it appears on horse registration papers or contract) | | | | AHA# | USEF/EC# |
| | OWNER Email | | | | USDF# optional | WDAA# (req for WD) |
| | FARM / BUSINESS Name (if OWNER) | FARM AHA# | FARM USEF# | Phone# | | |

| | | | | | | |
|---------|---|--|--|--|----------------|--------------------|
| TRAINER | TRAINER (person who has care and custody). If OWNER, OK to write SAME | | | | AHA# | USEF/EC# |
| | TRAINER Email | | | | USDF# optional | WDAA# (req for WD) |
| | STABLE WITH: | | | | Phone# | |

| | | | | | | | | | | | | |
|--|-----------|----------|--|-------------------------|---|---|--|--|--|--|--|-------------|
| RIDER 1 | Class# | | | | | | | | | | | TOTAL \$ |
| | Class Fee | | | | | | | | | | | |
| Name (EXACTLY as it appears on AHA Card) | | | | DOB MM/DD/YY | Amateur Certificate <input type="checkbox"/> YES <input type="checkbox"/> NO | Safe Sport <input type="checkbox"/> Y <input type="checkbox"/> N | Rider's Relationship to horse owner(s) for Owner class | | | | | |
| AHA# | | USEF/EC# | | USDF# (optional for DR) | | WDAA# (req for WD) | | | | | | |

| | | | | | | | | | | | | |
|--|-----------|----------|--|-------------------------|---|---|--|--|--|--|--|-------------|
| RIDER 2 | Class# | | | | | | | | | | | TOTAL \$ |
| | Class Fee | | | | | | | | | | | |
| Name (EXACTLY as it appears on AHA Card) | | | | DOB MM/DD/YY | Amateur Certificate <input type="checkbox"/> YES <input type="checkbox"/> NO | Safe Sport <input type="checkbox"/> Y <input type="checkbox"/> N | Rider's Relationship to horse owner(s) for Owner class | | | | | |
| AHA# | | USEF/EC# | | USDF# (optional for DR) | | WDAA# (req for WD) | | | | | | |

| | | | | | | | | | | | | |
|--|-----------|----------|--|-------------------------|---|---|--|--|--|--|--|-------------|
| RIDER 3 | Class# | | | | | | | | | | | TOTAL \$ |
| | Class Fee | | | | | | | | | | | |
| Name (EXACTLY as it appears on AHA Card) | | | | DOB MM/DD/YY | Amateur Certificate <input type="checkbox"/> YES <input type="checkbox"/> NO | Safe Sport <input type="checkbox"/> Y <input type="checkbox"/> N | Rider's Relationship to horse owner(s) for Owner class | | | | | |
| AHA# | | USEF/EC# | | USDF# (optional for DR) | | WDAA# (req for WD) | | | | | | |

REMINDER: we need an Entry Agreement & USEF Waiver and Release of Liability signed and delivered for every person associated with this entry.

| | | |
|-------------------------------------|----------|--|
| TOTAL CLASS FEES: | | |
| MANDATORY PER HORSE | | |
| **Office fee per horse | \$45.00 | |
| **USEF (D&M \$15, Adm \$8) | \$23.00 | |
| * AHA J&S Fee (cls 101 - 146) | \$5.00 | |
| *AHA Results Fee (cls 101 - 146) | \$5.00 | |
| *AHA J&S Fee (cls 400 - 480) | \$20.00 | |
| *AHA Results Fee (cls 400 - 480) | \$5.00 | |
| Hunter Fence rental (cls 473 - 480) | \$30.00 | |
| FACILITY CHARGES | | |
| Shavings bag (we suggest 3 min) | \$12.00 | |
| Stall Upper guest barn | \$225.00 | |
| Tack Stall Upper guest barn | \$225.00 | |
| Stall Lower E/F | \$195.00 | |
| Tack Stall Lower E/F | \$195.00 | |
| Stall Lower C-H | \$165.00 | |
| Tack Stall Lower C-H | \$165.00 | |
| Stall Overnight | \$65.00 | |
| Tack Stall Overnight | \$65.00 | |
| Parking Permit lower | \$100.00 | |
| Parking Permit upper | \$150.00 | |
| SHOW SUPPORT! | | |
| Donation to R4SHC -pick amount- | \$1.00 | |
| Sponsor Class | \$75.00 | |
| Sponsor Exhibitor Dinner Silver | \$100.00 | |
| Sponsor Garland | \$50.00 | |
| Sponsor Hunter Ring | \$100.00 | |
| Sponsor Patron | \$350.00 | |
| SUBTOTAL OF ABOVE | | |
| Credit Card Fee 3% of total | \$0.03 | |
| Credit Card Fee min \$5 (<\$167) | \$5.00 | |
| TOTAL DUE | | |

REGION 4 AHA ENTRY AGREEMENT

AHA ENTRY AGREEMENT:

I have read the rules concerning competitions as printed in the Arabian Horse Association (AHA) Handbook / Directory AND COMPETITION PRIZE LIST and agree to be bound by and subject to those Rules.

AHA ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION This document waives very important legal rights. Read it carefully before signing.

In consideration for AHA permitting me to participate in this Competition, and by signing the entry blank, I agree as follows:

I AGREE that I choose to participate voluntarily in this Competition, as a rider, driver, handler, lessee, owner, agent, coach, trainer, junior exhibitor, or as a parent or guardian of a junior exhibitor. **I AM FULLY AWARE AND ACKNOWLEDGE THAT HORSE SPORTS AND PARTICIPATION IN THIS COMPETITION INVOLVE SERIOUS RISK OF HARM INCLUDING, BUT NOT LIMITED TO, RISKS OF ACCIDENT, SERIOUS BODILY INJURY, INCLUDING DEATH, BROKEN BONES, HEAD INJURIES, TRAUMA, PAIN, AND SUFFERING, AND PROPERTY DAMAGE. I ASSUME ALL RISKS OF HARM TO ME, MY HORSE OR MY PROPERTY.**

I AGREE as a Horse Show Participant (or Parent/Guardian of Participant if a minor) to waive all claims which may otherwise arise from, including but not limited to infectious bacteria, viruses, fungi/mold, parasites, or other agents which may be present at the Horse Show (and most other outdoor locations) and can cause infection in humans, as well as in animals.

I AGREE for myself, my heirs, executors, administrators, successors and assigns to release AHA, the Competition, the facilities leased by the Competition and the owner(s) of the facilities, and all of their respective officers, officials, directors, employees, agents, personnel, volunteers, affiliated organizations and insurers (collectively, the "Released Parties") from any and all claims for damage, loss, or injury to myself, other persons, horses or other property belonging to me to the fullest extent permitted by law that arises out of or relates in any way to the Competition and my participation in the Competition INCLUDING, BUT NOT LIMITED TO, DAMAGES, LOSS, OR INJURY RESULTING FROM ANY ACTS, FAILURE TO ACT, NEGLIGENCE OR NEGLECT OF OTHER ENTRANTS, THE RELEASED PARTIES, THEIR CONTRACTORS OR INVITEES, as well as for theft, vandalism, fire, other casualty damage, or damage arising out of any defects in the premises.

I AGREE to indemnify and hold harmless (that is pay all losses, damages, attorneys fees and costs of) the Released Parties from and against any and all claims, demands, penalties, actions, losses, costs, damages, injuries, liabilities and obligations (including attorney's fees) of whatsoever kind and nature, which may be asserted against or incurred by any of them as a result of (1) my participation in the Competition or (2) any act, failure to act, or neglect (a) by me, my agents, employees, riders, handlers, trainers, coaches, drivers, contractors or invitees, or (b) by any animal owned or exhibited by me or in my custody or control.

I AGREE and represent that I am qualified and eligible to enter and/or participate in the Competition, and every horse I am entering is qualified and eligible as entered.

I AGREE to accept AS FINAL any decision of AHA, the Show Commission or Show Officials concerning my qualification or the qualification of my horse to enter the Competition or any results of the Competition, except to the extent that the Rules of AHA, the Competition, EC or USEF Equestrian permit a protest or hearing of such decisions. Should a hearing be requested, I agree to accept AS FINAL the decision of the particular hearing body. I agree to release, hold harmless and not to sue AHA, the Competition Sponsor, their officers, directors, employees, volunteers or members concerning any decision of AHA, the Competition, its Show Commission, Show Officials or any hearing body that relates to my qualifications or my horse(s)' qualifications to enter the Competition or any results of the Competition.

I AGREE that AHA has the sole right to control, sell, supervise or give away (or assign to others the right to do so) the exclusive rights to broadcast, televise, reproduce, transmit and disseminate all or part of this event, and I agree that AHA may use or assign, in any way AHA sees fit, photographs, films, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the Competition for the promotion, coverage or benefit of the Competition or AHA. Those likenesses shall not be used to advertise a product and they may not be used in such a way which implies endorsement of any company, product, product category or service. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

By signing below as a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions, and further agree to assume all of the obligations of this AHA Assumption of Risk, Release and Indemnification personally and on behalf of the child.

This AHA Assumption of Risk, Release and Indemnification is governed by the Laws of the State of Colorado and is intended to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue (place) for any legal action against AHA, its officers, directors, employees, volunteers, or agents shall be in the local district courts or the federal court of the State of Colorado. If any part of this agreement is determined to be unenforceable, all other parts shall remain effect.

USEF FEDERATION ENTRY AGREEMENT

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of **REGION 4 AHA CHAMPIONSHIPS**(Competition). I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.

BY SIGNING BELOW, I AGREE that I have read, understand, and agree to be bound by all applicable Federation Bylaws, rules, and policies including the USEF Safe Sport Policy and Minor Athlete Abuse Prevention Policies (MAAPP) as published at www.usef.org, as amended from time to time, as well as 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. **Updated 08.25.21**

| | | |
|---|------------------------------------|---|
| Owner ** Mandatory Must be Adult | Print Name |  **Adult Signature |
| Trainer or Custodian of horse @ show ** Mandatory Must be Adult | Print Name |  **Adult Signature |
| Coach — (if applicable) USEF # | Print Name | **Adult Signature |
| Rider 1 ** Mandatory Must be Adult | Print Name Emergency Phone# |  **Adult Signature |
| Rider 2 ** Mandatory Must be Adult | Print Name Emergency Phone# | **Adult Signature |
| Rider 3 ** Mandatory Must be Adult | Print Name Emergency Phone# | **Adult Signature |
| Print Minor Rider 1 Name Here | Print Parent/Guardian Name Here | **Adult Signature |
| Print Minor Rider 2 Name Here | Print Parent/Guardian Name Here | **Adult Signature |
| Print Minor Rider 3 Name Here | Print Parent/Guardian Name Here | **Adult Signature |
| ***** EMERGENCY PHONE NUMBER FOR EXHIBITOR IS WHO WE SHOULD CALL IF YOU ARE INCAPACITATED ***** | | |
| MUST BE SIGNED IN AT LEAST 3 PLACES BY <u>ADULTS ONLY</u> AHA or USEF/EC Membership is not required for Parents/Guardians signing for minors. | | |

USEF WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

For and in consideration of United States Equestrian Federation, Inc. dba US Equestrian ("USEF") allowing me, the undersigned, to participate in any capacity (including as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, official, trainer or volunteer) in a USEF sanctioned, licensed or approved event or activity, including but not limited to equestrian clinics, practices, shows, competitions and related or incidental activities and **REGION 4 AHA CHAMPIONSHIPS ("USEF Event" or "USEF Events")**; I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors,, and assigns, hereby agree to and make the following contractual representations pursuant to this Agreement (the "**Agreement**"):

A. RULES AND REGULATIONS: I hereby agree that I have read, understand, and agree to be bound by all applicable Federation Bylaws, rules, and policies including the USEF Safe Sport Policy and Minor Athlete Abuse Prevention Policies (MAAPP) as published at www.usef.org, as amended from time to time.

B. ACKNOWLEDGMENT OF RISK: I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any USEF Event involves risks and dangers including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the USEF Event organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers ("**Risks**").

EQUINE ACTIVITY LIABILITY ACT WARNING:

CAUTION: HORSEBACK RIDING AND EQUINE ACTIVITIES CAN BE DANGEROUS. RIDE AT YOUR OWN RISK.

Under the laws of most States, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

C. ASSUMPTION OF RISK: I understand that the aforementioned Risks may be caused in whole or in part or result directly or indirectly from the negligence of my own actions or inactions, the actions or inactions of others participating in the USEF Events, or the negligent acts or omissions of the Released Parties defined below, and I hereby voluntarily and knowingly assume all such Risks and responsibility for any damages, liabilities, losses, or expenses that I incur as a result of my participation in any USEF Events. I also agree to be responsible for any injury or damage caused by me, my horse, my employees or contractors under my direction and control at any USEF Event.

D. WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY: In conjunction with my participation in any USEF Event, I hereby release, waive and covenant not to sue, and further agree to indemnify, defend and hold harmless the following parties: USEF, USEF Recognized Affiliate Associations, the United States Olympic & Paralympic Committee (USOPC), USEF clubs, members, Event participants (including athletes/riders, coaches, trainers, judges/officials, and other personnel), the Event owner, licensee, and competition managers; the promoters, sponsors, or advertisers of any USEF Event; any charity or other beneficiary which may benefit from the USEF Event; the owners, managers, or lessors of any facilities or premises where a USEF Event may be held; and all directors, officers, employees, agents, contractors, and volunteers of any of the aforementioned parties (**Individually and Collectively, the "Released Parties" or "Event Organizers"**), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss, or expense (including court costs and reasonable attorney fees) of any kind or nature ("**Liability**") which may arise out of, result from, or relate in any way to my participation in the USEF Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.

E. COMPLETE AGREEMENT AND SEVERABILITY CLAUSE: This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS.

By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor's) participation in any USEF Event. If, despite this Agreement, I, or anyone on my behalf or the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the result of such claim.

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility. Updated 08.25.21

| | | |
|---|------------------------------------|-------------------|
| Owner ** Mandatory Must be Adult | Print Name | **Adult Signature |
| Trainer or Custodian of horse at show ** Mandatory Must be Adult | Print Name | **Adult Signature |
| Coach — (if applicable) USEF # | Print Name | **Adult Signature |
| Rider 1 ** Mandatory Must be Adult | Print Name | **Adult Signature |
| Rider 2 ** Mandatory Must be Adult | Print Name | **Adult Signature |
| Rider 3 ** Mandatory Must be Adult | Print Name | **Adult Signature |
| Print Minor Rider 1 Name Here | Print Parent/Guardian Name Here | **Adult Signature |
| Print Minor Rider 2 Name Here | Print Parent/Guardian Name Here | **Adult Signature |
| Print Minor Rider 3 Name Here | Print Parent/Guardian Name Here | **Adult Signature |

ALL PARTICIPANTS IN ANY CAPACITY MUST SIGN. ADULTS ONLY
AHA or USEF/EC Membership is not required for Parents/Guardians signing for minors.

ALL PARTIES MUST SIGN & DELIVER ENTRY AGREEMENT & USEF WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

REGION 4 AHA CHAMPIONSHIPS

VERIFICATION OF QUALIFICATIONS

*This form must be completed and submitted with your entries OR
You may submit a printed (hard copy) qualification record from the
AHA web site with your classes clearly marked on the printout.*

HORSE ENTRY INFORMATION - (one horse per form)

| Registry | Registration# | Horse Registered Name |
|--|---------------|-----------------------|
| | | |
| Owner Name(s) EXACTLY as it appears on the registration papers | | |

REGIONAL CLASSES ENTERED

| | Class # | Class Name | Rider |
|---|---------|------------|-------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

SHOW VERIFICATION INFORMATION (Class must be entered, shown, and completed)

| Show Date & Name | | Qualifying Class Name | Rider |
|------------------|---|-----------------------|-------|
| | 1 | | |
| | 2 | | |
| | 3 | | |
| | 4 | | |
| | 5 | | |
| | 6 | | |
| | 7 | | |

[Qualification for Regional Classes](#) • (follow the links for additional information)

1. Previous Regional Championships, Regional Reserve Championships or Top Five awards **do not qualify** you for Regional Championship classes.
2. Qualification period is the previous year plus the current year up to the close of entries. *(Placings in 2021 count towards 2022 qualification period – if your placing was not recorded, you will need to qualify in 2022 under the participation system)*
3. Compete in any qualifying AHA Recognized show in any region *(which includes Concurrent, Pre-Show, Value Show)*.
4. Compete in a [recognized section](#), i.e., HA/AA Western Pleasure, Arabian Country English Pleasure, Arabian Hunter Pleasure, etc.
5. Compete in any recognized class within that section *(Note: for Dressage, each level is considered its own section)*.
6. Any Amateur can qualify the horse to participate in any Amateur or Amateur Owner class. *(Owner does not need to qualify on their own)*
7. Equitation is based on the rider and the rider must participate in their qualifying equitation section.
8. Participation in one (1) recognized class in the section now qualifies you to compete in as many classes within that section at any one (1) Regional Championship Show of your choice. (Category 1)
9. Participate at two (2) AHA Qualifying Shows and compete at any and as many (1 – 18) Regional Championships in that section. (Category 1)
10. **It is the responsibility of the person(s) signing the Official Entry Form to verify that the horse is eligible to be entered and compete in the Regional Championship Class. Exhibitors are responsible for their qualifications.** [\(AHA Handbook, Chapter 14\)](#)

PLEASE USE THIS FORM WHEN PAYING BY CREDIT CARD. MAKE SURE THE INFORMATION IS CURRENT AND CORRECT. CARDS THAT ARE DENIED WILL BE SUBJECT TO PENALTY. Card numbers are destroyed after each transaction is complete. We DO NOT keep them on file.

| | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|-------------------------|--|------------------------------|--|--|--|
| To pay by check, Make payable to REGION 4 AHA . To make payment by Credit Card fill in below and e-mail to "horseshownumber@gmail.com" | | | | | | | | | | | | | |
| A 3% Credit Card Transaction (minimum \$5) will be added to your entry blank total. | | | | | | | | | | | | | |
| Credit Card Number – <i>please print legibly. Declined cards are subject to penalty</i> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVER | | | | | | | | Expiration Date xx/xxxx | | Sec Code: | | | |
| Print Name (as it appears on card) | | | | | | | | | | Phone | | | |
| Address | | | | | | | | | | Amount: | | | |
| City, ST. Zip | | | | | | | | | | 3% Convenience Fee (\$5 min) | | | |
| E-Mail | | | | | | | | | | TOTAL CHARGE: | | | |
| Cardholder Signature | | | | | | | | | | Office use: | | | |

| | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|-------------------------|--|------------------------------|--|--|--|
| To pay by check, Make payable to REGION 4 AHA . To make payment by Credit Card fill in below and e-mail to "horseshownumber@gmail.com" | | | | | | | | | | | | | |
| A 3% Credit Card Transaction (minimum \$5) will be added to your entry blank total. | | | | | | | | | | | | | |
| Credit Card Number – <i>please print legibly. Declined cards are subject to penalty</i> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVER | | | | | | | | Expiration Date xx/xxxx | | Sec Code: | | | |
| Print Name (as it appears on card) | | | | | | | | | | Phone | | | |
| Address | | | | | | | | | | Amount: | | | |
| City, ST. Zip | | | | | | | | | | 3% Convenience Fee (\$5 min) | | | |
| E-Mail | | | | | | | | | | TOTAL CHARGE: | | | |
| Cardholder Signature | | | | | | | | | | Office use: | | | |

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|---|--|--|--|--|--|--|--|-------------------------|--|------------------------------|--|--|--|
| To pay by check, Make payable to REGION 4 AHA . To make payment by Credit Card fill in below and e-mail to "horseshownumber@gmail.com" | | | | | | | | | | | | | |
| A 3% Credit Card Transaction (minimum \$5) will be added to your entry blank total. | | | | | | | | | | | | | |
| Credit Card Number – <i>please print legibly. Declined cards are subject to penalty</i> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVER | | | | | | | | Expiration Date xx/xxxx | | Sec Code: | | | |
| Print Name (as it appears on card) | | | | | | | | | | Phone | | | |
| Address | | | | | | | | | | Amount: | | | |
| City, ST. Zip | | | | | | | | | | 3% Convenience Fee (\$5 min) | | | |
| E-Mail | | | | | | | | | | TOTAL CHARGE: | | | |
| Cardholder Signature | | | | | | | | | | Office use: | | | |



US EQUESTRIAN VACCINATION RECORD: EQUINE INFLUENZA AND EQUINE HERPES

Owner Name: _____

Horse Name: _____

This form may be used to for documenting Equine Influenza and Equine Herpes Virus (Rhinopneumonitis) vaccinations as defined in USEF GR845.

| Date | Place and Country | Vaccine | | | Name, Signature, and/or Stamp of Veterinarian |
|------|-------------------|---------|-------|------------|---|
| | | Name | Batch | Route Mode | |
| | | | | | |
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USEF Competition EHV-1 Declaration Form

I, _____, as the owner/trainer/agent, declare that my horse(s) that arrived at
_____ on _____

Have **NOT**:

- Been on any competition grounds that have or had an active EHV-1 or EHM positive case within the last (14) days..... ☐
- Been on the grounds of, or at a private facility, barn, stable, or veterinary clinic that has or had an active EHV-1 or EHM positive case within the last (14) days..... ☐
- Been in contact with a horse that has tested positive for EHV-1 or EHM within the last 14 days..... ☐

Have:

- Maintained a twice daily temperature log that is available for review by competition management or Steward/TD..... ☐

Veterinarian: _____

Veterinarian Phone: _____

Veterinarian Email: _____

Horses:

| Office | Horse's Registered Name (AHA#) | Owner |
|--------|--------------------------------|-------|
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Trainer/Owner/Agent Responsible for the truthfulness and accuracy of the aforementioned information _____

(Signature)

(Date)

Name _____ Email _____