

# REGION 1 NHSAA / ASPCA MACLAY CHAMPIONSHIP

Fieldstone Farm, Halifax, MA - September 11, 2022

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

**Or fax / email with credit card information:**

cindy@nhs.org

Fax: 866-285-9496

**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, 2022

**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:**

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 the 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.

FedEx & UPS delivery mark **NO SIGNATURE REQUIRED**

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.

**Coach (if applicable)**

Name \_\_\_\_\_ USEF# \_\_\_\_\_

Signature \_\_\_\_\_

**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: _____		
<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.		
Parent/Guardian Signature (Required) _____		<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>- Hard copy entry: 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>- Enter online: <a href="https://entries.showmanagementsystem.com">https://entries.showmanagementsystem.com</a></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> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><b>TOTAL AMOUNT DUE TO THE NATIONAL HORSE SHOW</b></td> <td style="text-align: center; border: none;"><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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