



"r" B & C JUMPING AND COURSE DESIGN TRAINING PROGRAM

MARCH 1-3, 2019 | SPORTING DAYS H.T. | AIKEN, S.C.

FULL NAME: _____ USEA MEMBER #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

FULL PARTICIPATION FEE: \$400

AUDITING FEE*: \$50

Please check one:

- I am registering for the "r" CD Training Program
- I am registering for the "r" B & C Jumping Training Program (for prospective TDs and Judges)
- I wish to audit*: Friday Saturday Sunday Total number of days auditing: _____

I prefer/require vegetarian food. We are unable to accommodate gluten free, salt free, etc. food. Should your dietary requirements be anything other than vegetarian, please provide your own food.

Please mark any of the following which may apply:

- | | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> I am a currently licensed USEF Eventing Judge | <input type="checkbox"/> "r" | <input type="checkbox"/> "R" | <input type="checkbox"/> "S" |
| <input type="checkbox"/> I am a currently licensed USEF Dressage Judge | <input type="checkbox"/> "r" | <input type="checkbox"/> "R" | <input type="checkbox"/> "S" |
| <input type="checkbox"/> I am a currently licensed USEF Technical Delegate | <input type="checkbox"/> "r" | <input type="checkbox"/> "R" | <input type="checkbox"/> "S" |
| <input type="checkbox"/> I am a currently licensed USEF Course Designer | <input type="checkbox"/> "r" | <input type="checkbox"/> "R" | <input type="checkbox"/> "S" |

PAYMENT:

- Enclosed is my check (Payable to the USEA) to cover the registration fee
- Please charge the fee to my: Visa Master Card American Express

Credit Card #: _____ Expiration Date: _____ CVV: _____

Name as it appears on credit card: _____ Signature of card holder: _____

DEADLINE: FEBRUARY 1, 2019

MAIL THIS SIGNED REGISTRATION FORM AND PAYMENT BY FEBRUARY 1 TO:

Nancy Knight, Director of Education | USEA, 525 Old Waterford Road, NW, Leesburg, VA 20176

Questions? Telephone: 703-669-9997 | Fax 703-779-0550 | Email: nancy@useventing.com

I have applied to participate in this USEA/U.S. Equestrian Federation sponsored activity. I agree that my participation is subject to the conditions in this release and to those set by the organizer of this activity, the regulations and requirements of the USEA and USEF, and, where applicable, the U.S. Equestrian Federation Rules for Eventing. I release and agree to hold harmless the activity organizer, organizing committee, officials, and the owners of any property on which it is to be held, from all liability for negligence resulting in accidents, damage, injury, or illness to myself and to my property.

THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED IF YOU WISH TO PARTICIPATE IN THIS ACTIVITY.

PARTICIPANT'S NAME (PLEASE PRINT): _____

SIGNATURE: _____ **DATE:** _____

*** Attending this session as an auditor does not fulfill the "r" Event Judge, Technical Delegate, or Course Design Licensing training program requirement.**