



USEA POST COMPETITION REPORT FORM

DUE UPON COMPLETION OF THE COMPETITION

Event Name: _____ Date: _____

After your event, please return this sheet and INCLUDE the following items:

1. PAPER WORK:

Master Score Sheets: Email the complete results for all competitors (including HC riders) in an Excel spreadsheet format that lists the USEA ID and USEF ID numbers for both rider and horse to sharon@useventing.com or results@useventing.com DO NOT COMBINE THE JUMP AND TIME PENALTIES.

Master Jump Sheets (From cross-country course only): Excel spreadsheets or PDFs will be accepted; send to sharon@useventing.com, results@useventing.com. Or mail with this report form. If you are using StartBox, it is not necessary to forward the Master Jump Sheets. Handwritten copies will be accepted if necessary.

Program

2. FEES: Please provide the following information and fees:

2a. 2014 USEF Eventing Dressage Tests for Horse Trials & National Three-Day Events – Electronic Copy Fee (if applicable):

We had _____ Starters @ \$0.10 each \$ _____

Starter Levy: A starter is defined as a competitor who enters the dressage arena; for FEI CCI levels starter is defined by the first Horse Inspection. **FEI Events/Levels pay the D&M fee (\$20) directly to the USEF.**

2b. National Horse Trials (Beginner Novice Through Advanced) and Classic Three Day Events (Beginner Novice, Novice, Training and Preliminary) Drugs & Medication Administration and Starter Fees:

We had _____ Starters @ \$21.00 each \$ _____

2c. FEI Horse Trials and Three Day Events (CIC and CCI) Starter Fee:

We had _____ Starters @ \$21.00 each \$ _____

2d. Young Event Horse Starter Fee:

We had _____ Starters @ \$10.00 each \$ _____

2e. Future Event Horse Starter Fee:

We had _____ Starters @ \$10.00 each \$ _____

2f. Combined Tests Non-Member Fee: A \$25 non-member fee will be collected for all levels of a combined test.

A list of non-members must be submitted with payment.

We had _____ CT Non-Members @ \$25.00 each \$ _____

TOTAL ENCLOSED..... \$ _____

Credit Card# _____ Visa Master Card American Express

Exp. Date _____ CVV _____ Billing Zip Code _____

Card Holder _____ Signature _____

Forward to: Competitions Department • USEA • 525 Old Waterford Rd., NW, Leesburg, VA 20176; (703) 779-0440 • Fax (703) 779-0550