



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

MARCH 26-28, 2021 | STABLE VIEW H.T. | AIKEN, S.C.

FULL NAME: _____ USEA MEMBER #: _____
 ADDRESS: _____ USEF MEMBER #: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 PHONE: _____ EMAIL: _____
 EMERGENCY CONTACT NAME: _____ PHONE: _____

FULL PARTICIPATION FEE: \$425

Prospective TDs and Judges: March 26-28 (ending at 3:00 pm on 28th) | Prospective "r" CDs: March 26-27 (ending at 5:00 pm on 27th)

Please check one:

- I am registering for the "r" B & C Jumping Training Program (for prospective TDs and Judges) : _____
- I am registering for the "r" CD Training Program (for prospective "r" CDs): _____
- I am registering to renew my CD Certification: _____
- I am registering to obtain CD Certification : _____

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" |
| <input type="checkbox"/> I am a currently Certified Course Designer | | | |

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 26, 2021

EMAIL OR MAIL THIS SIGNED REGISTRATION FORM AND PAYMENT BY FEBRUARY 26 TO:

Nancy Knight, Sr. 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: _____