



Prospective “r”, “R”, and “S” Eventing Judges, Technical Delegates, Cross-Country Course Designers, and “R” EVJCDs

FINAL EXAMINATION REGISTRATION FORM

AUGUST 27-29, 2021 | FIVE POINTS HORSE TRIALS | RAEFORD, N.C.

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

USEA MEMBER #: _____ USEF MEMBER # _____

EMERGENCY CONTACT: _____ PHONE: _____

REGISTRATION FEE: \$500 PER LICENSE

Please check one:

- | | | | |
|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> I am registering to take the final exam for an Eventing Judge license: | <input type="checkbox"/> “r” | <input type="checkbox"/> “R” | <input type="checkbox"/> “S” |
| <input type="checkbox"/> I am registering to take the final exam for an Eventing TD license: | <input type="checkbox"/> “r” | <input type="checkbox"/> “R” | <input type="checkbox"/> “S” |
| <input type="checkbox"/> I am registering to take the final exam for an Eventing CD license: | <input type="checkbox"/> “r” | <input type="checkbox"/> “R” | <input type="checkbox"/> “S” |
| <input type="checkbox"/> I am registering to take the final exam for an EJVCD license: | | <input type="checkbox"/> “R” | |

Please list any USEF license(s) held: _____

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: JULY 27, 2021

EMAIL (NANCY@USEVENTING.COM) OR MAIL THIS SIGNED REGISTRATION FORM AND PAYMENT BY JULY 27, 2021 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:** _____