



# 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 a spreadsheet format that lists the USEA ID and USEF ID numbers for rider, horse, owner, and trainer to sharon@useventing.com or results@useventing.com.

**Master Jump Sheets (From cross-country course only):** 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. USEF Eventing Dressage Tests for Horse Trials & National Three-Day Events – Electronic Fee:

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 (\$25) directly to the USEF.**

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

We had \_\_\_\_\_ Starters @ \$30.00 each \$ \_\_\_\_\_

### 2c. FEI Horse Trials and Three Day Events (CCI-S and CCI-L) Starter Fee:

We had \_\_\_\_\_ Starters @ \$30.00 each \$ \_\_\_\_\_

### 2d. Young Event Horse Starter Fee:

We had \_\_\_\_\_ Starters @ \$20.00 each \$ \_\_\_\_\_

### 2e. New Event Horse Starter Fee:

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

### 2g. 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