



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 @ \$25.00 each \$ _____

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

We had _____ Starters @ \$25.00 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 \$ _____

2f. Future 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 _____