

USEA REGISTRATION FOR EVENTING TESTS: YEH/NEH/OEH

USEA membership is required for YEH and NEH, but no membership is required for OEH.

Eventing Tests are levels of competitions not defined under the USEF Rules for horse trials, two-day and three-day events. This document refers strictly to: **Young Event Horse** (YEH) tests, **New Event Horse** (NEH) tests, and **Opportunity Event Horse** (**OEH**) tests.

Unless the Eventing Test is run in conjunction with a USEA recognized horse trials, you are required to contact your Area Chair and notify them of the addition of these events to the calendar.

Under the Fees section below, check the box for the level of publication desired with payment by the appropriate due dates for the applicable publication.

For applications received 10 to 6 business days prior to the start of the activity, if approved, a late fee of \$50 may be charged. Approval of any application is at the discretion of the USEA. It is the organizer's responsibility to confirm that their application has been received by the USEA and that the activity has been approved. The activity will **ABSOLUTELY NOT** be approved or insured if paperwork is received in the USEA office after the activity has begun.

Please refer to the following link to	for the YEH a	nd NEH Judges L	ist: http://use	venting.com,	/resource/young-event-	horse-judges-list
DIVISIONS BEING HELD: (check a						
ENTRY FEE TO BE CHARGED PEF FEES: All fees include insurance of		/EH:	NEH:		UEH:	
1) Registration and Prize USEA Online Services. Contact Ha	e List (e.g. st		,	•	• •	nplete payment though
2) Registration and line	ŭ		•		•	
☐ 1 day test registration: \$150	□ 2-4 day	test registration	: \$200	ı 4+ days: \$2 (00 + \$45 per each day (over 4
☐ Enclosed is my check made pa	yable to USE	A in the amount o	of \$	0	R	
Charge \$ to my						
Credit Card#:				-	VV: Billing Zip	Code:
Name on the Card:						
Name of Competition/Test:						
Address:						
City:				State:	Zip:	
Date(s) of event:						
Organizer:						
Phone:						
Landowner/Business Name:						
Address:						
Additional Landowner:						
□ Check this box if the activity we declared on this application and/or to the activity taking place. If this	r the insuran	ce company mus	st be notified,	by request, to	have them named as A	
Test Organizer: I agree to abide b	v tha nallal	and directions	f +b	and of Cours	nore so printed in the 11	CCC Duloo for Cronding