



USEA Training Program for Eventing Officials Prospective "r" Eventing Judges Dressage Session II

FEBRUARY 16-17, 2021 | EDELWEISS FARM | RALEIGH, N.C.

FULL NAME: _____ USEA MEMBER #: _____

ADDRESS: _____ USEF MEMBER #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

FULL PARTICIPATION FEE: \$350

AUDITOR FEE*: \$25/DAY

PLEASE CHECK ONE:

I am registering as a full participant

I am attending as an auditor*: Tuesday Tuesday Total number of days auditing: _____

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 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: JANUARY 15, 2021

MAIL OR EMAIL THIS SIGNED REGISTRATION FORM AND PAYMENT BY JANUARY 15 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:** _____

***Attending this session as an auditor does not fulfill the "r" Eventing Judge Licensing training program requirement.**