

**MIDSOUTH REGION MEGA-RALLY 2007
DRESSAGE RALLY TEAM ENTRY FORM**

OPENING DATE: April 23, 2007

CLOSING DATE: May 23, 2007

CLUB: _____ **DC:** _____ **Email:** _____

NOTE: List MUSICAL riders FIRST. Indicate the Captain with *. Complete form - **Type or print clearly only.** Duplicate form as needed.

TEAM ENTRY:		**Competing in 'D' Rally also			*Wants to qualify for Championships				
Capt	Rider Name	**Y/N	Age	Rating	Horse Name	Test 1	Test 2	*Y/N	MUSICAL STYLE: Freestyle, Pas de Deux or Quadrille
									Fill out Musical Entry form
									Fill out Musical Entry form
									Fill out Musical Entry form
									Fill out Musical Entry form
					STABLE MANAGER				

COMPLETE ALL above entries with competitor's name, age, rating & horse name. Entries MUST be **Postmarked** by the **CLOSING DATE**. NO EXCEPTIONS.
ALL INCOMPLETE ENTRIES will be CHARGED an ADMIN. FEE OF \$5.00. LATE ENTRIES - ADD \$25.00 PER ENTRY TO ENTRY FEE.

CHAPERONE:

VOLUNTEERS - 2 REQUIRED per team: Name, Home Phone number, Cell Phone number & E-mail. (Preferred job)

1
2

ENTRY FEES:	
Riders: _____ @ \$ _____	\$ _____
Stable Mgrs: _____ @ \$ _____	\$ _____
TOTAL \$ _____	

ENTRY CHECK LIST:

Include for **each** competitor the following:

- USPC Medical Release w/original signatures
- Proof of negative Coggins (within 12 months)
- Activity & Rally Release, signed
- DC Affidavit, signed
- Chaperone Form, signed
- Club check only, payment in full for entries

Make check payable to: Midsouth Region, USPC

As DC of _____ Pony Club, I declare that all the above named Pony Clubbers are 'Members in Good Standing' of USPC, with all National and Regional dues paid as of this date, and that the horses are their regular PC mounts in regular activities. Acting as agent for the above named riders, I certify that I have read and agree to the conditions of this competition. Signed: _____, D.C. Phone: _____

ATTENTION ALL HORSES/PONIES - All animals offered for sale or exhibition in the Commonwealth of Kentucky shall be accompanied by a Certificate of Veterinary Inspection. Bring a COPY of your health certificate/papers to leave with the secretary when you pick up your packet. You keep the original.

OFFICE
USE ONLY

Forms Received

Med. Rel.	Coggins	Act. Rel.	DC Affidavit	Chap.

Ck.#: _____

Amt. _____

Date: _____

NOTES: _____

Team Entry Complete