MIDSOUTH REGION MEGA-RALLY 2007
SHOW JUMPING RALLY TEAM ENTRY FORM

OPENING DATE: April 23, 2007 **CLOSING DATE: May 23, 2007**

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

NOTE: List members in riding order. Indicate the Captain with *. Complete form - **Type or print clearly only.** Duplicate form as needed.

TEAM

Capt.	Rider Name	**DR Y/N	Age	Rating	Division	Horse Name	*CH Y/N
					STABLE MANAGER		

**Competing in Dressage Rally also

*Wants to qualify for Championships

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 PER ITEM. LATE ENTRIES - ADD $25.00 PER ENTRY TO ENTRY FEE.

COACH: **CHAPERONE:**

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

1

2

ENTRY FEES:

Riders: @ $125.00 $ 0.00

Horse Mgrs: @ $50.00 $ 0.00

TOTAL $ 0.00

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 (only 1 per team)
- ☐ Coaches Form, signed by the Coach
- ☐ 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 Affiv	Chap.	Coach

Ck.#:

Amt.

Date:

NOTES:

Team Entry Complete ☐