

**MIDSOUTH REGION MEGA-RALLY 2009  
C and UP EVENTING RALLY TEAM ENTRY FORM**

**OPENING DATE:** April 15, 2009

**CLOSING DATE:** May 5, 2009

**CLUB:** \_\_\_\_\_ **DC:** \_\_\_\_\_

**Division:** \_\_\_\_\_

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

<b>Capt.</b>	<b>Rider Name</b>	<b>Rating</b>	<b>Age</b>	<b>Horse Name</b>	<b>*CH Y/N</b>
			as of 1-1-08		
			as of 1-1-08		
			as of 1-1-08		
			as of 1-1-08		
			as of 1-1-08	<b>HORSE MANAGER</b>	

\*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: List name, cell number and e-mail address.

**COACH:** \_\_\_\_\_

**CHAPERONE:** \_\_\_\_\_

<b>ENTRY FEES:</b>		
Riders - BN,N,T:	@ \$	\$
Riders - P:	@ \$	\$
P, USEF non-member:	@ \$	\$
Horse Mgrs:	@ \$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

**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
- Coaches Form, signed by the Coach
- Volunteer Form, complete (1 form per team)
- USEA HT 2008 Entry Form, signed front & back, Riders ONLY
- Qualifying Affidavit for Championships, 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: \_\_\_\_\_

E-mail: \_\_\_\_\_

OFFICE USE ONLY									
Forms Received									
Med. Rel.	Coggins	Act. Rel.	DC Affidavit	Chap.	Coach	USEA HT	Qual. Aff.		
	X				X	X	X		
Ck.#: _____									
Amt. _____									
Date: _____									
NOTES: _____									
Team Entry Complete <input type="checkbox"/>									