MIDSOUTH REGION MEGA-RALLY 2009
SHOW JUMPING RALLY TEAM ENTRY FORM

OPENING DATE: April 15, 2009 **CLOSING DATE: May 5, 2009**

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 (**Competing in Dressage Rally also)	Age	Rating	Division	Horse Name	*CH Y/N (*Wants to qualify for Championships)
					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 PER ITEM. LATE ENTRIES - ADD $25.00 PER ENTRY TO ENTRY FEE.

COACH:

CHAPERONE:

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
- ☐ Current Proof of negative Coggins (within 12 months)
- ☐ Activity & Rally Release, signed
- ☐ DC Affidavit, signed
- ☐ Chaperone Form, signed (only 1 per team)
- ☐ Volunteer Form, completed (1 form 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:

OFFICE USE ONLY

Forms Received

Med.Rel.	Coggins	Act. Rel.	DC Affiv	Chap.	Coach

Ck.#:

Amt.

Date:

NOTES:

Team Entry Complete ☐