NY/UC EVENTING TEAM RALLY ENTRY FORM
CLOSING DATE: JUNE 17, 2002

CLUB: _____

DC Signature: _____

TEAM LEVEL (circle one) TRAINING NOVICE BEGINNER NOVICE

Rider's Name (* Captain)	SEX	AGE	HORSE	FEE
1.				
2.				
3.				
4.				
HM			Phone#	
Chaperone Name Address	n/a	n/a	Phone#	

INCOMPLETE ENTRY PER PERSON @ $10.00	
TOTAL ENCLOSED	

CHECK LIST

- ENTRY FORMS (Team - 1 per team or partial team and Individual - 1 per competitor)
- INDIVIDUAL RALLY RELEASE FORM……(one per competitor)
- FENCE JUDGE OBLIGATION…… (one per competitor)
- 2002 MEDICAL RELEASE FORM……(one per competitor)
- 2002 NEGATIVE COGGINS…….(one per horse)
- 2002 RABIES CERTIFICATE……(one per horse)
- VETERINARIAN DRUG CERTIFICATE……(If horse needs medication, bring to rally)
- SIGNED CHAPERONE DUTY FORM……(one per team)
- SIGNED COACH FORM…… (If using coach, one per team)
- CLUB CHECK FOR ENTRY FEES PAYABLE TO NY/UC REGION
- STALL/ROOM DEPOSIT CHECKS PAYABLE TO NY/UC REGION.
  ...(one per competitor including Horse Manager)

MAIL ENTRIES TO: Tammy Foster
80 Curtis Rd
Glastonbury, CT 06033

****NATIONAL CHAMPIONSHIP INTENT FORMS AND 3 ORIGINAL MEDICAL RELEASE FORMS, ALONG WITH YOUR QUALIFICATION AFFIDAVIT, SHOULD BE SENT TO BARBARA KIL, 50 SEABURY AVE. LEDYARD, CT 06339 BY THE CLOSING DATE.**