

United States Pony Clubs, Inc.

Duplicate as necessary

QUALIFICATION AFFIDAVIT

Level: ___Novice ___Training ___Preliminary (check one)

Name _____Horse _____

USPC Regional Rally _____Date _____

Or

USCTA Horse Trial _____Date _____

The above-named rider/horse combination has completed the above-mentioned competition without elimination in any phase and with _____ cross-country jumping penalties.

Signature _____Signature _____

USCTA Horse Trial Secretary

USPC Rally Technical Delegate _____

OR Chief Judge _____ (check one)

As RS/V-RS of the _____Region, I attest that the above-mentioned rider/horse combination has qualified in compliance with the 1998-1999 USPC Rules for Combined Training/Eventing Rallies and the 2000 USPC CT/Eventing Spring Newsletter.

Signature _____Name _____

RS/V-RS

(please print)

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