

## **ONE OWNER PER ENTRY BLANK—Signatures Required on Reverse**

- Enclose copies of all USEF & AMHA membership cards & registration papers (USDF if applicable)
- Indicate rider # in parentheses ( ) for each class
- Do not enter Medal Finals or UPHA Phase II

• Complete all information on reverse side

- Put \* next to class # if this is an Alumni Futurity Entry and add \$150 to class fee

ENTRIES MUST BE POSTMARKED ON OR BEFORE AUGUST 13, 2024 or RECEIVED by August 20, 2024 ALL OTHERS WILL BE ACCEPTED AS POST ENTRIES Send entries to: Peggy Hatfield

2265 N Penstemon Wichita, KS 67226 Phone: 316-755-0395 Fax: 316-223-8119

## • THIS SECTION IS MANDATORY

- If you have not yet qualified, please list the show where you intend to qualify.
- If qualifying is not required, please write N/A

LEAVE BLANK	HORSE							) (	) ( )	(	( )	TOTAL ENTRY FEES	QUALIFYING SHOW	NAME OF QUALIFYING CLASSES
	REG #	YOB	SEX (	COLOR HEIGH	T HORSE USEF ID #	HORSE USDF #	\$	\$	\$	\$	\$	\$		
	SIRE					SHOWN BY (1)			SHOWN BY (3)					
	DAM						SHOWN BY (2)			SHOWN BY (4)				
LEAVE BLANK	HORSE						CLASS # (	) (	) ( )	( )	( )	TOTAL ENTRY FEES	QUALIFYING SHOW	NAME OF QUALIFYING CLASSES
	REG #	YOB	SEX (	COLOR HEIGH	T HORSE USEF ID #	HORSE USDF #	\$	\$	\$	\$	\$	\$		
	SIRE					SHOWN BY (1)			SHOWN BY (3)					
	DAM						SHOWN BY (2)			SHOWN BY (4)				
LEAVE BLANK	HORSE						CLASS # ( ) ( ) ( )			( ) ( ) TOTAL ENTRY FEES		QUALIFYING SHOW	NAME OF QUALIFYING CLASSES	
	REG #	YOB	SEX (	COLOR HEIGH	T HORSE USEF ID #	HORSE USDF #	\$	\$	\$	\$	\$	\$		
	SIRE					SHOWN BY (1)			SHOWN BY (3)					
	DAM						SHOWN BY (2)			SHOWN BY (4)				
LEAVE BLANK	HORSE						CLASS # (	) (	) ( )	( )	( )	TOTAL ENTRY FEES	QUALIFYING SHOW	NAME OF QUALIFYING CLASSES
	REG #	YOB	SEX (	COLOR HEIGH	T HORSE USEF ID #	HORSE USDF #	\$	\$	\$	\$	\$	\$		
	SIRE					SHOWN BY (1)			SHOWN BY (3)					
	DAM						SHOWN BY (2)			SHOWN BY (4)				
LEAVE BLANK	HORSE						CLASS # (	) (	) ( )	( )	( )	TOTAL ENTRY FEES	QUALIFYING SHOW	NAME OF QUALIFYING CLASSES
	REG #	YOB S	SEX C	COLOR HEIGH	T HORSE USEF ID #	HORSE USDF #	\$	\$	\$	\$	\$	s		
	SIRE						SHOWN BY (1)			SHOWN BY (3)				
	DAM						SHOWN BY (2)			SHOWN BY (4)				

TOTAL ENTRY FEES \$	THIS IS MY FIRST	Hotel while in OKC			
Horse Stalls @ \$200 \$	All prize money to be paid to owners. All fees must be paid in ENTRIES CLOSE AND MUST BE POSTMAR	COACH (If Applicable			
Tack Stalls @ \$300	RECEIVED BY AUGUST 20, 2024 • ALL OT	NAME (Please Print) USEF#			
EARLY ARRIVAL—Indicate WHICH day you will arrive. You must pay for horse AND tack stalls. Sunday @ \$100 per stall\$ OR	<b>FEDERATION EN</b> By entering a Federation-licensed Competition and signing th	SIGNATURE By s	igning, I have read and	l agree to the USEF Entry	
OR         \$	Coach, Driver, Rider, Handler, Vaulter or Longeur and on be and agents, I agree that I am subject to the Bylaws and "Federation") and the local rules of the competition.				
Stall Panel Removal @ \$450         \$          USEF Drug Fee @ \$23 per horse         \$          (MANDATORY D & M \$15, USEF Fee \$8)	I agree to be bound by the Bylaws and Rules of the Federatic the Hearing Committee on any question arising under the Ru the Federation, their officials, directors and employees for an	ADDRESS CITY/STATE/ZIP			
Judges' Education Fee @ \$2 per horse\$ (MANDATORY)		USEF#	AMATEUR? Y O N O SDF#	AMHA# UPHA#	
AMHA Non-Member Fee @ \$45 \$ Fee paid for:	I represent that I am eligible to enter and/or participate un entered. I also agree that as a condition of and in consid Competition may use or assign photographs, videos, audios	SIGNATURE (PARENT/GUAI	RDIAN IF UNDER 18)		
Post Entry Fee @ \$300 per horse \$	likenesses of me and my horse taken during the course of the competition, sport, or the Federation. Those likenesses shall	By s	igning, I have read and	I agree to the USEF Entry	
Large Tack Room Schedule @ \$15 \$	in such a way as to jeopardize amateur status. I hereby	Agreement and Release as printed to the left.			
Office Fee @ \$65 per account \$65.00	connection with such use, including any claim to com misappropriation.	NAME (Please Print) ADDRESS			
TOTAL AMOUNT DUE \$	If not currently a USEF Active Competing member or Subs	CITY/STATE/ZIP			
MAKE CHECKS PAYABLE TO GNWCMHS	membership requirements, I acknowledge and agree that I Account will continue to annually automatically renew unless	USEF#	AMATEUR? Y 🗆 N 🗖	AMHA#	
	my Fan account. Additionally, I acknowledge that the benefits	JR EX DOB US	SDF#	UPHA#	
□ VISA □ MASTERCARD □ DISCOVER □ AMEX	The construction and application of Federation rules are good instituted against the Federation must be filed in New York St	SIGNATURE (PARENT/GUARDIAN IF UNDER 18)			
	OWNER SECTION (Mandatory)	TRAINER SECTION (Mandatory)	By signing, I have read and I agree to the USEF Entry Agreement and Release as printed to the left.		
Exp. DateSecurity Code	NAME (Please Print)	NAME (Please Print)	RIDER, DRIVER, OR HANDLER SECTION (Mandatory) NAME (Please Print)		
Name on cardZip	ADDRESS CITY/STATE/ZIP	ADDRESS CITY/STATE/ZIP	ADDRESS		
Signature as it appears on your credit card:	USEF# AMHA# USDF#	USEF# AMHA#	CITY/STATE/ZIP USEF#	AMATEUR?	AMHA#
	PHONE #	CELL # / EMERGENCY #	JR EX DOB US	Y II N II SDF#	UPHA#
FOR OFFICE USE:	E-MAIL	E-MAIL			
Payment#	SIGNATURE (Must be 18 or over)	SIGNATURE (Must be 18 or over)	SIGNATURE (PARENT/GUARDIAN IF UNDER 18)		
	By signing, I have read and I agree to the USEF Entry Agreement and Release as printed above.	By signing, I have read and I agree to the USEF Entry Agreement and Release as printed above.	By signing, I have read and I agree to the USEF Entry Agreement and Release as printed above.		