



Note: All Athletes and Horses must be qualified to enter a CEI\*\*\* (FEI Rule 816.2)

## RIDER NAME:

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: ZIP: COUNTRY:

NATIONAL FEDERATION: \_\_\_\_\_ NF NUMBER: \_\_\_\_\_

AERC NUMBER: FEI NUMBER:

Please indicate answers below by checking yes or no:

I applied for Selection to the US Team, and I am entering the US Team Selection Trial: ☐YES ☐NO

I am a Proxy Rider (riding a nominated horse for an athlete who has applied for the US Team)

☐ **YES**, riding for (athlete's name): ☐ **NO**

HORSE NAME: \_\_\_\_\_ DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_

NATIONAL FEDERATION: \_\_\_\_\_ IF USA, HORSE'S RECORDING NUMBER: \_\_\_\_\_

BREED: \_\_\_\_\_ HORSE REGISTRATION &amp; NUMBER: \_\_\_\_\_

COLOR: \_\_\_\_\_ MARKINGS: \_\_\_\_\_

AERC NUMBER: FEI NUMBER:

HORSE OWNER: \_\_\_\_\_

OWNER'S ADDRESS CITY:

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

USA Team Applicants or Proxy Riders	\$160	\$
NON USA Team Applicants (Foreign or other US Riders)	\$320	\$
USEF FEI Fee & Drug Testing Fee (all riders)	\$28	\$
USEF International High Performance Fee (all riders)	\$35	\$
Friday Dinner tickets (in addition to entered rider)	\$10 each	
Saturday Night Tickets (in addition to entered rider)	\$8 each	
Sunday Brunch Awards Dinner (in addition to entered rider)	\$15 each	
	<b>TOTAL</b>	\$

**Entries MUST be received, not postmarked, by March 23, 2012 or a late fee of \$50 will be added to the entry fee.**

**Change fee for changes made after March 23, 2012, \$15.00 per entry.**

**Please make checks payable to: United States Equestrian Federation.**

UNITED STATES EQUESTRIAN FEDERATION : 4047 IRON WORKS PARKWAY : LEXINGTON, KY 40511 : 859.258.2472 : FAX 859.231.6662 : [WWW.USEF.ORG](http://WWW.USEF.ORG)

**PAYMENT INFORMATION** (Do not detach)

ENTER AMOUNT FROM ABOVE

[illegible]

**PAYMENT METHOD** (PLEASE DO NOT SEND CASH) Make Check Payable to: United States Equestrian Federation

☐ CHECK # \_\_\_\_\_ We also accept ☐ Visa ☐ AMEX or ☐ MasterCard

Card Number:

Card Holder's Name (Print)

Card Holder's Signature \_\_\_\_\_

Exp. Date:

Billing Zip Code