ENTRIES CLOS	E: JUNE 29, 2021			HMI	AUGl	JST CLA	SSIC				AUGUS	ST 11 - 15, 2021
Owner Name	OWNER OR AUTHORIZED AGEN	т	Rider Na	ame	RI	DER 1		Trainer Name		TRAIN	IER	
			Rider Name					Trainer Name				
Address			Address					Address				
City	State	ZIP	City			State	ZIP	City			State	ZIP
Social Security # or TIN #			Cell Phone E-Mail				Cell Phone E-Mail					
Cell Phone	E-Mail		USEF# USHJA#		PCHA#		Date of Birth	Barn				
USEF# USHJA#	PCHA#		CPHA #		ASPCA#			USEF# USHJA#	PC	HA#		
	e money paid to if other than o	vner			RI	DER 2			CRE	DIT CARD	PAYMENT	
Name or Corporation			Rider Name					Download credit card form at headlandsmanagement.com				
Address			Address					RIDER 2				
City	State	ZIP	City			State	ZIP	USEF# USHJA#		PCHA#		Date of Birth
Social Security # or TIN #			Cell Phone			E-Mail		CPHA#		ASPCA#		
	NAME OF HORSE		AGE	COLOR	SEX	HEIGHT	F	RIDER			CLAS	SES
Microchip #			Please circle below if applicable									
USEF# USHJA#	Measuremen	t #			Sm I	Md Lg						
			F	ederation E	ntrv Aa	reement						ASSOCIATION FEES
Longeur and on be Equestrian Federa petition (Competition, the Fethe Rules, and ever Competition may be the course of the cuct and they may be use, including any	eration-licensed Compe- ehalf of myself and my tion, Inc. (the "Federati- on). I will accept as final ederation, their officials, ery horse I am entering is use or assign photograp competition for the prom- not be used in such a w claim to compensation of the State of New York	principals, represe on") and the local rule the decision of the directors and emps eligible as entereiths, videos, audios, otion, coverage or lay as to jeopardize, invasion of privace	ntative ules of e Heari loyees d. I als cable benefit e amate cy, righ	s, employees HMI August C ng Committee for any action o agree that as - casts, broad of the compet eur status. I he t of publicity, of	and agen classic ag on any q taken un s a condit casts, into casts, into creby exp or to misa	ts, I agree the ree to be bound uestion arising der the Rules ion of and in opernet, film, new t, or the Federessly and irruppropriation.	at I am subject to nd by the Bylaws g under the Rules s. I represent that consideration of a w media or other eration. Those like evocably waive an The construction	the Bylaws and R and Rules of the F, and agree to relead I am eligible to entecceptance of entry, likenesses of me an esses shall not be and release any right and application of	ules of ederations as and/or and/or the Fe nd my a used to the transfer to the transfer to the transfer transfe	The Ur on and hold had be particular deration horse to adversention	nited State of the conformal of the conf	es USEF Fee @ \$8 USHJA Fee @ \$7 CDFA Fee @ \$8 PCHA Fee @ \$3 HOW PASS FEES USEF PASS Fee @ \$45 USHJA PASS Fee @ \$30 MISC FEES Ambulance
RY SIGNING REI	OW I AGREE to be I	ound by all applies	ahla Fa	deration Pule	e and all	terms and nro	visions of this an	try blank and all to	rme an	d nrovis	ions of th	

BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

OWNER/AGENT	RIDER/HANDLER	TRAINER M
SIGNATURE:	SIGNATURE:	SIGNATURE:
Print Name:	Is Rider/Handler is U.S. Citizen (please circle): YES NO Print Name:	Print Name:
(Required if Rider/Handler is a minor) PARENT/GUARDIAN SIG.:	SIGNATURE:	COACH SIGNATURE:
Print Name:	Is Rider/Handler is U.S. Citizen (please circle): YES NO Print Name:	Print Name Emerg. Contact Phone#:
	VY ST * MONTEREY, CA 93940 Info: 831-594-1719 STABLE V	Wiтн:

NOMINATING FEES

Horse @ \$125

10 x 10 Stalls Horse Stall @ \$350 Tack/Groom @ \$350

10 x 12 Stalls Horse Stall @ \$400 Tack/Groom @ \$400

Limited - First come, First served.

_# of stalls @ \$350 __# of stalls @ \$400