

MARYLAND REGION ~TEAM~ RALLY ENTRY FORM

EVENTING _____ DRESSAGE _____ QUIZ _____ SHOW JUMPING (Division): _____

GAMES (Division): _____ POLOCROSSE (Division): _____

For Games and Polocrosse: Riders's weight _____ lbs Horse Height _____ Hands

PINNEY DESCRIPTION: _____ TEAM NAME: _____

DATE OF RALLY: _____ NAME OF PONY CLUB: _____

SCRAMBLE CLUB(S) : _____

COACH: _____ (signed and attached) CHAPERONE: _____ (signed and attached)

VOLUNTEERS (E-mail and telephone number): _____

HORSE MANAGEMENT VOLUNTEER (one per team required): _____

	Name of Pony Clubber	Rating	Age	Medical Release	Name of Horse	Coggins	Dressage			Notes
							Test #1	Test #2	Musical	
Captain										
StableManager										

Check for Entry Fees paid in full _____ (attached) As District Commissioner of the above named United States Pony Club, I declare that all of the above named Pony Clubbers are bona fide members in good standing of the USPC, with all National and Regional dues paid in full as of this date.

DC's Signature: _____ Telephone: _____ E-mail: _____

CLUB NAME: _____ DATE: _____

OTHER: Remember to ATTACH CURRENT COGGINS. Also, please make a note if any Pony Clubber wishes to qualify.

REGIONAL PAPERWORK ON FILE: 1) Medical Release 2) Code of Conduct 3) Rally & Championships Competitor's Activity Release 4) Equine Release