



**FINAL EXAMINATION REGISTRATION FORM**  
**Prospective “r”, “R”, and “S” Eventing Judges, Technical Delegates,**  
**Cross-Country Course Designers, and “R” EVJCDs**



**OCTOBER 25-27, 2024 | CHATTAHOOCHEE HILLS HORSE TRIALS | FAIRBURN | GA**

FULL NAME: \_\_\_\_\_ USEA MEMBER #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ USEF MEMBER #: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**REGISTRATION FEE: \$500.00 PER LICENSE**

**“Commitment to the Activity”:** candidates attending the training program(s), or final examination, must be committed to the activity, and have no additional duties/roles, i.e., competitor, coach, official, or anything else that would take them away from the activity during the designated clinic hours.

**Lunch is not provided. A lunch break will be scheduled.**

**Please check one:**

- |   |  |
|---|--|
| <input type="checkbox"/> I am registering to take the final exam for an Eventing Judge license:                 | <input type="checkbox"/> ‘r’ <input type="checkbox"/> ‘R’ <input type="checkbox"/> ‘S’ |
| <input type="checkbox"/> I am registering to take the final exam for an Eventing TD license:                    | <input type="checkbox"/> ‘r’ <input type="checkbox"/> ‘R’ <input type="checkbox"/> ‘S’ |
| <input type="checkbox"/> I am registering to take the final exam for an Eventing TD and Eventing Judge license: | <input type="checkbox"/> ‘r’ <input type="checkbox"/> ‘R’ <input type="checkbox"/> ‘S’ |
| <input type="checkbox"/> I am registering to take the final exam for an Eventing CD license:                    | <input type="checkbox"/> ‘r’ <input type="checkbox"/> ‘R’ <input type="checkbox"/> ‘S’ |
| <input type="checkbox"/> I am registering to take the final exam for a ‘R’ EJVCD license:                       | <input type="checkbox"/> ‘R’   |

**Please list any USEF license(s) held:**

**PAYMENT:**

Enclosed is my check (Payable to the USEA)  
 Please charge the fee to my:     Visa                       Master Card                       American Express  
 Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_  
 Name as it appears on credit card: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Signature of card holder: \_\_\_\_\_

**DEADLINE: SEPTEMBER 27, 2024**

**MAIL OR EMAIL THIS SIGNED REGISTRATION FORM AND PAYMENT BY SEPTEMBER 27, 2024, TO:**

Jasmine Byrd – Executive Administrative Assistant | **Email: [jbyrd@useventing.com](mailto:jbyrd@useventing.com)**  
 USEA, 525 Old Waterford Road, NW, Leesburg, VA 20176  
 Questions? Telephone: 703-779-9896 | Fax 703-779-0550

I have applied to participate in this USEA/U.S. Equestrian Federation sponsored activity. I agree that my participation is subject to the conditions in this release and to those set by the organizer of this activity, the regulations and requirements of the USEA and USEF, and, where applicable, the U.S. Equestrian Federation Rules for Eventing. I release and agree to hold harmless the activity organizer, organizing committee, officials, and the owners of any property on which it is to be held, from all liability for negligence resulting in accidents, damage, injury, or illness to myself and to my property.

**THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED IF YOU WISH TO PARTICIPATE IN THIS ACTIVITY.**

**PARTICIPANT’S NAME (PLEASE PRINT):** \_\_\_\_\_  
**PARTICIPANT’S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Link to Educational Activities Release Form. [Educational-Activities-Release-Form-2021-v2.pdf \(useventing.com\)](https://www.useventing.com/Educational-Activities-Release-Form-2021-v2.pdf)