

"r" B & C JUMPING AND COURSE DESIGN TRAINING PROGRAM FEBRUARY 16-18, 2024 | RAM TAP H.T. | FRESNO, CALIFORNIA

FULL NAME:		USEA	MEMBER #:		
ADDRESS:		USEF MEMBER #:			
CITY: PHONE:	STATE:	ZIP CC	ODE:		
PHONE:	EMAIL:				
EMERGENCY CONTACT:		РНО	PHONE:		
FULL PARTICIP	ATION FEE: \$450.00		*: \$50.00/DAY		
"Commitment to the Activity": car	ndidates attending the training	program(s), or fi	nal examination, mus	st be	
committed to the activity, and have	ve no additional duties/roles, i	e., competitor, co	bach, official, or anyt	hing else	
that would take them away from	the activity during the designat	ed clinic hours.	-	_	
Please check one:					
□ I am registering as a prospective	"r" Judge				
□ I am registering as a prospective	"r" TD				
□ I am registering as a prospective	"r" Judge and "r" TD				
□ I am registering as a prospective	"r" CD				
□ I am registering to renew my CD					
□ I am registering to obtain CD Cer	tification				
□ I wish to audit*: □ Friday (2/16/2	2024) 🗅 Saturday (2/17/2024) 🗉	❑ Sunday (2/18/20	024) Total # of days: _		
Please list any USEF license(s	s) held:				
PAYMENT:					
□ Enclosed is my check (Payable to	o the USEA) to cover the registr	ation fee			
\Box Please charge the fee to my: \Box \					
0 ,			CVV:		
Credit Card #: Name as it appears on credit card:_		Zip Code:	Si	gnature	
of card holder:					
	DEADLINE: JANUAR	Y 12, 2024			
MAIL THIS SIGNED R	EGISTRATION FORM AND PA	YMENT BY JANU	JARY 12, 2024, TO:		
Jasmine Byrd – Ex	cecutive Administrative Assistan	t Email: jbyrd@u	seventing.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 COMPL	ETELY AND SIGNED IF YOU WISH TO PARTICIPATE IN THIS ACTIVITY.
PARTICIPANT'S NAME (PLEASE PRINT): _	
PARTICIPANT'S SIGNATURE:	DATE:

* Attending this session as an auditor does not fulfill the "r" Eventing Judge, TD, CD, or CD Certification licensing training program requirement. Link to Educational Activities Release Form. Educational-Activities-Release-Form-2021-v2.pdf (useventing.com)