

Tri-State Region 2019 Dressage Rally Entry Form

Club Name: _____

Team Name _____

DC or CA: _____

Phone: _____

E-mail: _____

Competitor #1 will be the Captain unless otherwise indicated Competitor #5 will be the Stable Manager.

	Competitor Name	Mount Name	Rider's Age as of 01/01	HM Rating as of 01/01	Flat Rating as of 01/01	Test 1	Test 2	Optional Test – FS PD QD	Qualifying Y/N Std/Mod	Stabling Friday Y/N
1										
2										
3										
4										
5		N/A			N/A	N/A	N/A	N/A	N/A	N/A

Optional Tests – Freestyle (FS); Pas de Deux (PD); Quadrille (QD)

Chaperone _____

Phone _____

E-mail _____

Coach _____

Phone _____

E-mail _____

Checklist:

- _____ Team Entry Form
- _____ Chaperone Duties Form
- _____ Volunteer Form
- _____ Dressage Coaching Form
- _____ Intent to Qualify Form
- _____ Adult Code of Conduct Form

Qualifying Criteria:

- Rating: D-3 Flat and Up
- Test Levels: Training and Up
- Tests Ridden: 2 and 3 for each level
- Must Ride Freestyle or Pas de Deux

Pas de Deux & Quadrille Riders:

Please list the names of the riders on your team:

Rider 1: _____

Rider 2: _____

Rider 3: _____

Rider 4: _____

Checks Payable to Tri-State Region:

OR YOU MAY USE PAYPAL -2.6% fee added at checkout

As District Commissioner of the above-named club, I declare that all of the above-named Pony Club members are bona fide members of the USPC with all National and Regional dues paid as of this date. -

_____ DC Signature/Date

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