

Gulfport Premiere I



FEBRUARY 8-12, 2012 | CLOSING DATE: JANUARY 16, 2012

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Make checks payable to: Gulf Coast Classic Company
Mail Entries to: The Gulfport Winter Classics
 Post Office Box 1311 ~ Johns Island, SC 29457 *No faxed entries please.*

We honor: MasterCard* VISA* American Express*

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CID	Expiration Date
	Month/Year

NAME OF HORSE	USEF/USHJA REGISTRATION #	BREED	COLOR	SEX	HEIGHT	AGE

CLASSES ENTERED	NAME OF RIDER	AGE	RIDER'S USEF/USHJA #	ASPCA #
1st Green	1st Rider U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2nd Green	2nd Rider U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Signature _____

Card Holder's name _____

Street/P.O. Box _____

City/State/Zip _____

Name of Person/Company receiving prize money _____

Please stable with: _____

In case of emergency during the show contact number: _____

_____ Stalls @ \$225 (\$200 if paid in full by closing date) _____

_____ USEF Fee (\$8 Drug & Medications/\$8 USEF) Fee @ \$16 _____

_____ USHJA Fee @ \$2 _____

_____ Service Fee @ \$35 _____

_____ USEF Non-Member Fee @ \$30 _____

_____ USHJA Non-Member Fee @ \$30 _____

_____ Grounds Fee @ \$35 _____

_____ Paddocks @ \$225/wk _____

_____ Equine Nighttime Security @ \$15 _____

_____ Late Fee @ \$25 _____

UNITED STATES EQUESTRIAN FEDERATION, INC. ENTRY AGREEMENT

Tax Identification Number: Under penalty of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or the IRS has notified me that I am no longer subject of backup withholding.

Federation Entry Agreement: I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, the Prize List and local rules of the competition. I agree to waive the right to the use of my photos at the competition, and agree that any actions against the Federation must be brought in New York State.

Federation Release, Assumption of Risk, Waiver and Indemnification *This document waives important legal rights. Read it carefully before signing.*

I AGREE in consideration for my participation in this Competition, Gulfport Winter Classics to the following:

I AGREE that "the Federation" and "Competition" as used herein includes the Licensee and Competition Management, including Classic Company, LLC and Gulf Coast Classic Company as well as all of their officials, officers, directors, employees, agents, personnel, volunteers, Federation affiliates, owners, representatives and affiliated organizations (as more fully defined at the end of the Rules & Regulations section of this prize list).

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer or as a parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss and serious bodily injury including broken bones, head injuries, trauma, pain, suffering or death ("Harm").

I AGREE to hold harmless and release the Federation and the Competition from all claims for money damages or otherwise for any Harm of any nature to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Federation or the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition.

I have read the Federation Rules about protective equipment, including GR801 and, if applicable EV114 and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.

If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to assume all of the obligations of this Release on the child's behalf.

I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Federation on the official USEF accident/injury report form.

I represent that I have the requisite training, coaching and abilities to safely compete in this competition. BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this ENTRY BLANK and the rules of the show as written in the rules and regulations section of the prize list.

Trainer's, owner's and rider's signature blanks MUST be signed. If owner/exhibitor is trainer, sign both places. Trainer must be over 18 years of age. If rider is under 18, parent, guardian, trainer or agent must sign.

Owner/Agent Signature _____

Trainer Signature _____

Rider 1 Signature _____

Rider 2 Signature _____

Owner's Name _____

Trainer's Name _____

Rider's Name _____

Rider's Name _____

Address _____

Address _____

Address _____

Address _____

City _____

City _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

State _____ Zip _____

State _____ Zip _____

Telephone (_____) _____

Telephone (_____) _____

Telephone (_____) _____

Telephone (_____) _____

Owner's USEF # _____

Trainer's USEF # _____

Rider's USEF # _____

Rider's USEF # _____

PRIZE MONEY TAXPAYER INFORMATION MUST BE COMPLETED!

Taxpayer Name (must coincide with SS# or EIN#)

Social Security Number or Federal ID Number

Prize Money Payee Address

Gulfport National III



FEBRUARY 22-26, 2012 | CLOSING DATE: JANUARY 16, 2012

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NAME OF HORSE	USEF/USHJA REGISTRATION #	BREED	COLOR	SEX	HEIGHT	AGE

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Owner's Name _____	Trainer's Name _____	Rider's Name _____	Rider's Name _____
Address _____	Address _____	Address _____	Address _____
City _____	City _____	City _____	City _____
State _____ Zip _____	State _____ Zip _____	State _____ Zip _____	State _____ Zip _____
Telephone (_____) _____	Telephone (_____) _____	Telephone (_____) _____	Telephone (_____) _____
Owner's USEF # _____	Trainer's USEF # _____	Rider's USEF # _____	Rider's USEF # _____

PRIZE MONEY TAXPAYER INFORMATION MUST BE COMPLETED!

 Taxpayer Name (must coincide with SS# or EIN#)

 Social Security Number or Federal ID Number

Prize Money Payee Address _____

Gulfport Sunshine Classic VI



MARCH 14-18, 2012 | CLOSING DATE: JANUARY 16, 2012

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State _____ Zip _____	State _____ Zip _____	State _____ Zip _____	State _____ Zip _____
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