

Entry Form

The Marlborough Horse Trials Unrecognized Event

All information is required – fill all blanks – use N/A if necessary. Both sides of this form must be completed with all membership, registration numbers (if applicable) and fees. Only ONE horse per form – Please use Smart PDF to type in info or PRINT clearly. Mail Entry Form to the Event Secretary. Submission of your USEA number is not mandatory, but will help us use the online entry and scoring system provided by StartBox Scoring. Check your entry status and results in real time!

DATE: _____

LEVEL (check one): E (CT) E BN N NT _____

DIVISION: (As listed on the prize list, e.g. Open, Horse, Rider, etc..)

OTHER: (As listed on the prize list, e.g. HC, OPRC, AR2 Adult Rider): _____

HORSE NAME: _____ **USEA Reg # (optional):** _____

Color: _____ **Breed:** _____ **Stallion Gelding Mare Height: Age:** _____

Name on Coggins: _____

Team Name and Division (if applicable):

If riding more than one horse, state horse's names(s) and divisions:

RIDER NAME: _____

USEA Reg #:(Optional) _____

Age: Junior (18 and under) Senior _____

Address: _____

City: State: Zip: _____

Phone: _____ **Cell:** _____

Email: _____

Contact Information during Event, if different from above (hotel/cell phone/etc):

OWNER NAME: _____

USEA Reg #: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____

Email: _____

Describe level of experience for both horse and rider:

Rider (mandatory) Signature: _____

Print Name: _____

Owner/Agent (mandatory) Signature: _____

Print Name: _____

Parent/Guardian Signature: (Required if rider, driver, handler is a minor):

Print Parent/Guardian Name: _____

Emergency Contact Phone #: _____

Entry Fee \$ _____

Stabling \$ _____

Total \$ _____

MAIL Entries to: Susan Owens, Secretary: 3520 Old Jones Road Dunkirk, MD 20754 Prefer to be contacted by email: marlboroughht@gmail.com Day of Event: (410) 610-1728 emergency only

STABLING REQUEST

I would like stabling for the night(s) of: _____

Please stable me (if possible) next to: _____

I will be arriving (approx.) date: time: _____

(This may ensure there will be someone available to direct you)

CHECK LIST:

Coggins

Check

Rider Release (Separate Page)

FEES ENCLOSED

Incomplete entries and missing negative Coggins w/in 12 months of event date may not be accepted!