



INTERNATIONAL HIGH PERFORMANCE (IHP) FEE **Instructions for Prepayment of Cap or Request for Refund**

Please complete this form if you wish to either

- Prepay the International High Performance Per Horse Fee cap of \$420

Or

- Request a refund for IHP Fees that were paid above the \$420 cap as per GR207.1.

Prepayment of IHP Fee (\$420 cap per horse)

If you wish to pay the \$420 cap per horse and have NOT competed in any 2011 events which required payment of the IHP Fee, follow the instructions below:

- Complete a form *for each horse* and submit the form accompanied by payment for \$420 payable to USEF.
- Mail the form(s) and payment to U.S. Equestrian Federation, 4047 Iron Works Parkway, Lexington, KY 40511.
- USEF will send a letter indicating “IHP Capped” for each horse to the person designated on the form.
- This letter must accompany the horse to each event and be presented to the competition secretary for verification. If the letter is not presented at the event, the secretary will charge the competitor the \$35 IHP fee.
- There are no refunds, either in part or full. Payment is not transferrable to any other horse.

If you wish to prepay the cap and you have already competed in a 2011 event or events which required payment of the IHP Fee, please follow the instructions below:

- For each horse, the total of the IHP Per Horse Fee already paid in 2011 can be subtracted from \$420.
- Once this amount has been determined, follow the steps above.
- In addition, for each horse(s), submit the following information:
 - Horse’s name with USEF Recording Number
 - Names and dates of events at which IHP Fee was paid, including proof that the IHP Fee was paid.

Refund for IHP Fees that were paid above the \$420 cap

If you wish to ask for a refund of IHP Per Horse Fees paid over the \$420 cap please follow the instructions below:

- In principle only one refund will be processed per year per horse.
- For instance, if your competition season is over in August for a particular horse and you have reached the \$420 cap, you may submit a request for reimbursement in August.
- 2011, you should wait to request your refund at the end of November.
- Refund requests will be processed within 30 days of receipt in the Federation office and will only be accepted until December 30th of that calendar year.
- Anything received after December 30th will not be accepted or considered for a refund.
- As above, to receive a refund, you must provide the Federation with the name of the horse and it’s USEF Recording Number, the names and dates of the events at which the IHP Fee was paid, and proof that the IHP Fee was paid.



INTERNATIONAL HIGH PERFORMANCE (IHP) FEE
Prepayment of Cap or Request for Refund

Return completed form to:
Fax: (859) 231-6662 or mail to
United States Equestrian Federation
Attn: Dean Jacobson
4047 Iron Works Parkway,
Lexington, KY40511-8483

Please check one: Payment of IHP Fee Request for IHP Fee Refund

(Please list below the names and dates of the events at which the IHP Fees were paid)

Horse Information – *One horse per form. Please make copies for additional horses.*

Name of Horse: _____ Horse USEF Number: _____

Owner Name: _____ Signature of Owner: _____

Person to Receive IHP Refund or IHP Capped Letter

Name: _____ USEF#: _____

Address: _____

Phone: _____ Email: _____

- Payment of IHP Fee in full \$420.00
- Payment of remaining IHP Fee *(List events below)* \$_____
- Total IHP Fee already paid \$_____
- Request for IHP Refund *(Use additional page to list more events)* No Charge

| | | | |
|------------|-------|------------|-------|
| _____ | _____ | _____ | _____ |
| Event name | Date | Event name | Date |
| _____ | _____ | _____ | _____ |
| Event name | Date | Event name | Date |
| _____ | _____ | _____ | _____ |
| Event name | Date | Event name | Date |
| _____ | _____ | _____ | _____ |
| Event name | Date | Event name | Date |

----- ***PAYMENT INFORMATION - PLEASE DO NOT DETACH*** -----

PAYMENT (Do not send cash) \$ _____

- Check/ Money Order (Payable to USEF)
- VISA MasterCard AMEX
- Card Number: _____
- Exp. Date _____ Billing Zip Code _____

Phone Number: _____

Card Holder Name (Print): _____

Card Holder Signature: _____

