



HUNTER/JUMPER COMPETITION REQUIREMENTS EXCEPTION FORM

A competition must apply for an exception to any competition requirement outlined in HJ105-108 if management is unable to remedy facility limitations or space constraints due to extenuating circumstances at the facility, beyond reasonable control of competition management. The application for exception must be submitted at the same time as the competition's license application or license renewal on a form provided by the Federation. Please include appropriate documentation to support your claim that you inability to meet the requirements are beyond your control.

NAME OF COMPETITION: _____ **COMPETITION #:** _____

NAME OF FACILITY: _____ **COMPETITION DATES:** _____

ADDRESS OF FACILITY: _____

RATING REQUESTED:

Hunter: Premier National Multi-Day Regional One-Day Regional Jumper: 6 5 4 3 2 1

A COMPLETED HUNTER JUMPER REQUIREMENTS FORM FOR THE COMPETITION MUST BE SUBMITTED WITH THIS EXCEPTION FORM.

Referring to the Hunter Jumper Requirements Form, please provide below the requirement(s) the competition cannot meet:

Please provide below the extenuating circumstances which create the need for this requirements exception, and outline the specific limitations and constraints that are outside of the control of the competition management. If an alternative solution is available, please outline how you intend to implement that solution. Please provide all relevant documentation to support your claim.

Please sign and return completed form via fax or email to the Competition Licensing, Evaluation & Safety Department.





Fax: 859-721-1151
Email: dates@usef.org

NAME(please print) _____ **TITLE** _____

SIGNATURE _____ **DATE** _____

TOTAL DUE \$100.00

Return to:
UNITED STATES EQUESTRIAN FEDERATION : 4001 WING COMMANDER WAY : LEXINGTON, KY 40511 : 859.810.8/33 : USEF.ORG

PAYMENT (Do not send cash. \$ _____		Exp. Date: ____ / ____	Billing Zipcode: _____
<input type="checkbox"/> Check / Money Order (Payable to USEF)	<input type="checkbox"/> Credit Card	   	Card Holder Name (Print): _____
Card Number: _____	Card Holder Signature: _____		