2021 COMPETITION PACKET ORDER FORM

MEMBER INFORMATION

MEMBERSHIP #

NAME

ADDRESS

CITY

STATE ZIP

PHONE FAX

E-MAIL

SHIP TO: (IF DIFFERENT)

NAME

ADDRESS

CITY

STATE ZIP

PHONE FAX

DATE NEEDED BY (REQUIRED)

COMPETITION DATE

STANDARD COMPETITION PACKET

FORMS INCLUDED IN THIS PACKET:

- Official Charge Form (2 each)
- Official Protest Form (2 each)
- Licensed Official Evaluation Form (2 each)
- USEF Show Pass Form (1 each)
- USEF/USHJA Show Pass Form (1 each)
- Competition Poster (1 each)

TOTAL NUMBER OF COMPETITION PACKETS NEEDED .....

INDIVIDUAL FORMS FOR COMPETITIONS

Membership Application (25 each)
(to be used at competitions only) .....

Horse Application (25 each)
(to be used at competitions only) .....

Farm/Business Recording Application (5 each) .....

Medication Report Form (10 each) .....

Horse/ Pony Measurement Form (10 each) .....

Driving/ Dressage Measurement Form (10 each) .....

SHIPPING (All rush orders must be received in office by 2:00 pm EST.)

STANDARD	RUSH ORDERS (first 200 forms)	OVER 200 FORMS
8+ Business Days. . . .FREE	3-7 Business Days . . . . . .$50 1-2 Business Days. . . . . $100 Saturday delivery add'l . . .$30	Each additional 100 forms on rush orders cost $30

SEND YOUR ORDER TO:

USEF ORDER DEPARTMENT
4047 Iron Works Parkway
Lexington, KY 40511-8483
Phone: (859) 225-2028
Fax: (859) 231-6662

OR USE THE DOCUMENT UPLOAD FEATURE
members.usef.org/document-upload
(you must be logged into your MY USEF account)

DOWNLOAD AT:

www.usef.org
usef.org/compete/resources-forms/competition-management/post-competition-reporting

ORDER FORM IS REQUIRED

UNITED STATES EQUESTRIAN FEDERATION : 4001 WING COMMANDER WAY : LEXINGTON, KY 40511 : 859.258.2472 : FAX 859.231.6662 : USEF.ORG

PAYMENT INFORMATION

TOTAL AMOUNT ENCLOSED $ ☐☐☐☐☐☐☐☐.☐☐

PAYMENT METHOD (PLEASE DO NOT SEND CASH) Make Check Payable to: United States Equestrian Federation

☐ CHECK #_____ We also accept AMERICAN EXPRESS mastercard VISA DISCOVER

Card Number:
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Exp. Date: ☐☐/☐☐☐☐

Card Holder's Name (Print) _____

Billing Zip Code
☐☐☐☐☐

Card Holder's Signature _____