



US EQUESTRIAN ATHLETE LETTERING PROGRAM COMPETITION VERIFICATION FORM

If you are unable to provide results from the competition, you may instead complete this form and have it signed by the competition organizer.

COMPETITOR NAME _____ USEF MEMBERSHIP NUMBER: _____

NAME OF COMPETITION: _____

DATE OF COMPETITION: _____

(Month/Date/Year)

CLASSES:

I verify that _____ competed in the above competition.

Competition Manager/Secretary/Organizer Name (Print)

Competition Manager/Secretary/Organizer Signature

