

NEW YORK/UPPER CT REGIONAL SHOW JUMPING RALLY TEAM REGISTRATION FORM

Competition Date: June 8, 2003 Closing Date: May 24, 2003

ONE TEAM PER ENTRY FORM: Duplicate as necessary.

Name of Club: _____ **Chaperone:** _____

	CAPT?	Rider	Rating	Horse	Division	Coach	Nationals Candidate?
1.							
2.							
3.							
4.							
5.		Horse Manager					

List Division for each competitor (I.e., Q1, Q2, Q3 or N1, N2). Indicate Captain with an X. Nationals Candidate (yes or no)
(note Nationals Intent must be filed with RS by Closing Date).

Volunteers: Each team MUST provide two volunteers.

Name: _____

Name: _____

Phone No. _____ email: _____

Phone No. _____ email: _____

Mail completed entry with Coggins, Rabies, Medical Releases, Individual Rally Releases, Coaches Forms, Chaperone Forms, Optional Round Entries, and fees to:

Nancy Sepples
365 Hageman Shean Road
Goshen, CT 06756