

ONLY ONE HORSE PER ENTRY BLANK
SHOW DATE: SEPTEMBER 25-30, 2018

2018 AMERICAN GOLD CUP CSI4*-W

MAKE COPIES IF NEEDED
ENTRIES CLOSE SEPTEMBER 6, 2018

TO SUBMIT ONLINE ENTRIES PLEASE VISIT [HTTPS://ENTRIES.SHOWMANAGEMENTSYSTEM.COM](https://entries.showmanagementsystem.com)
ALL FEI HORSES MUST BE ENTERED ONLINE BY THEIR NATIONAL FEDERATION: DEFINITE ENTRIES SEPT. 19, 2018

OFFICE	NAME OF HORSE	COLOR	SEX	USEF/USHJA	HEIGHT	YEAR FOALED	BREED	FEI No. / PASSPORT No.

TO NOMINATE ENTRY CIRCLE SECTIONS

INT'L CSI4*-W	1.40M JUMPER (4'7")	1.35M JUMPER (4'5")	1.30M JUMPER (4'3")	ADULT
1.25M JUMPER (4')	1.20M JUMPER (3'11")	1.15M JUMPER (3'9")	1.08M JUMPER (3'6")	CHILDREN'S
JR./A-O HIGH	LOW JUNIOR	LOW AMATEUR-OWNER	LOW CHILD/ADULT	

Name of Person/Company Receiving Prize Money (W-9 Form Must Be Filled Out) _____
 SS# / FedID _____ Card No. _____ Code _____ Name _____
 Credit Card Information (a 3% convenience fee will be charged) _____ exp _____
 Address: _____

United States Equestrian Federation, Inc. Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, the Prize List, and local rules of the competition. I agree to waive the right to the use of my photos at the competition, and agree that any actions against the Federation must be brought in New York State.

Release, Assumption of Risk, Waiver and Indemnification. This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition to the following: I AGREE that the "Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm"). I AGREE to hold harmless and release the Federation and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of the Federation or the Competition. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse while at the Competition. I have read the Federation Rules about protective equipment, including GR801 and, if applicable, EV114 and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to assume all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in this competition. I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Federation on the official USEF accident/injury report form.

BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry, blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

ALL SIGNATURES, ADDRESSES AND THE OWNERS SOCIAL SECURITY NUMBER MUST APPEAR ON THE ENTRY FORM IN ORDER FOR THIS ENTRY TO BE PROCESSED

\$	Nomination Fee \$250
\$	Stall Mat Rental \$20 per mat []
\$	Stall Fee \$375/stall []
\$	Extra FEI Stall Fee \$450/stall []
\$	Non Compete Horse Fee \$150
\$	CSI 4*-W \$1,000 Horses entered FEI classes 100, 101, 102, 103 only Includes 1 stall, Federation Fees, IHP, nomination, office fees - does not include entry fees.
\$	\$23 (D&M Fee \$8/USEF Fee \$15)
\$	USEF Non Member Show Pass Fee \$45 owner _____ rider _____ trainer _____
\$	USHJA Show Pass \$30
\$	USHJA Zone Fee \$7
\$	Office Fee \$75 per horse
\$	HEART Equine & Human Ambulance Fee: \$15

CHECKS PAYABLE TO: AMERICAN GOLD CUP

Mail Entries to: Colleen Morrissey
3011 W Bay Vista Ave, Tampa, FL 33611
PLEASE CHECK NO SIGNATURE REQUIRED ON OVERNIGHTS
(813) 917-6707 / etax (813) 944-5194 / email colleen.morrissey@verizon.net

<p>X _____</p> <p>Owner's Signature (mandatory)</p> <p>NAME _____ STREET _____ CITY _____ STATE _____ STATE _____ ZIP _____ TEL _____ USEF/USHJA# _____ OWNER'S EMAIL: _____</p>	<p>X _____</p> <p>First Rider's Signature (mandatory)</p> <p>NAME _____ STREET _____ CITY _____ STATE _____ ZIP _____ TEL _____ RIDER'S USEF/USHJA# _____ US Citizen yes ___ no ___ FEI# _____ EMAIL: _____ X _____ Parent or Guardian Signature (required if rider is a minor)</p>	<p>X _____</p> <p>Second Rider's Signature (mandatory)</p> <p>NAME _____ STREET _____ CITY _____ STATE _____ ZIP _____ TEL _____ RIDER'S USEF/USHJA# _____ US Citizen yes ___ no ___ FEI# _____ EMAIL: _____ X _____ Parent or Guardian Signature (required if rider is a minor)</p>	<p>X _____</p> <p>Trainer's Signature (mandatory)</p> <p>NAME _____ STREET _____ CITY _____ STATE _____ ZIP _____ TEL _____ USEF/USHJA# _____ TRAINER'S EMAIL: _____ X _____ Coach's Signature (if applicable)</p>
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STABLE WITH: _____ EMERGENCY CONTACT: NAME & CELL PHONE: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number																	
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.