

# 2020 TRAVERSE CITY SPRING SHOW JUNE WEEKS I & II & III presented by Turtle Creek Casino & Hotel

SHOW DATES: June 3 - 21, 2020

CLOSING DATE: MAY 25, 2020

ONLY ONE HORSE PER ENTRY BLANK

FEI HORSES MUST ALSO BE ENTERED ONLINE WITH THE FEI

Office Use Only	Name of Horse					USEF#/FEI#	Circle Types	Name of Rider(s)	Class or Division Numbers
							Jumper	Rider One	
							Grand Prix (FEI)		
	Color	Sex	Height	Yr Foaled	Green	Horse/Pony	Hunter		
					1 <sup>st</sup> 2 <sup>nd</sup>	Small Medium Large	Equitation	Rider Two	

ALL SIGNATURES, ADDRESSES AND THE OWNERS W-9 FORM ON BACK MUST APPEAR ON THE ENTRY FORM IN ORDER FOR THIS ENTRY TO BE PROCESSED

PRIZE MONEY PAYMENT: MUST FILL OUT THE IRS W-9 FORM ON THE BACK OF THIS ENTRY FORM.

CREDIT CARD AUTHORIZATION FORM MAY BE FOUND ONLINE AT [WWW.TRAVERSECITYHORSESHOWS.COM](http://WWW.TRAVERSECITYHORSESHOWS.COM)

**Make Check Payable to and MAIL to TRAVERSE CITY HORSE SHOW LLC**

6535 Bates Road, Williamsburg, MI 49690

email [susie@mmg.management](mailto:susie@mmg.management) phone (941) 527-6602

**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 herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates. 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 all of the above provisions 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.

	Week I	Week II	Week III
___ Stalls @ \$295 per week			
___ FEI Tack Stalls \$350			
Jumper Nomination Fee \$225 /wk			
FEI Entry Fee per show (Def Schedule)			
USEF Federation Fee \$23 /wk (\$8 Drug and Med/\$15 Administration)			
USEF Show Pass Fee \$45 /wk Owner ___ Rider ___ Trainer ___			
USHJA Show Pass Fee \$30 /wk Owner ___ Rider ___ Trainer ___			
USHJA Zone Fee	\$2	\$7	\$7
Office Fee	\$65	\$65	\$65
Horse Night Watch	\$20	\$20	\$20
Ambulance Fee \$20/week	\$20	\$20	\$20
Non Showing Fee \$150			
Stall Mat Rental \$20 per mat			

<p>X _____ <b>Owner's Signature (mandatory)</b></p> <p>NAME _____</p> <p>STREET _____</p> <p>CITY _____ STATE _____</p> <p>STATE _____ ZIP _____</p> <p>TEL _____</p> <p>USEF/USHJA# _____</p> <p>OWNER'S EMAIL: _____</p>	<p>X _____ <b>First Rider's Signature (mandatory)</b></p> <p>NAME _____</p> <p>STREET _____</p> <p>CITY _____ STATE _____</p> <p>ZIP _____ TEL _____</p> <p>RIDER'S USEF/USHJA# _____</p> <p>US Citizen yes ___ no ___ Date of Birth: _____</p> <p>EMAIL: _____</p> <p>X _____ <b>Parent or Guardian Signature (required if rider is a minor)</b></p>	<p>X _____ <b>Second Rider's Signature (mandatory)</b></p> <p>NAME _____</p> <p>STREET _____</p> <p>CITY _____ STATE _____</p> <p>ZIP _____ TEL _____</p> <p>RIDER'S USEF/USHJA# _____</p> <p>US Citizen yes ___ no ___ Date of Birth: _____</p> <p>EMAIL: _____</p> <p>X _____ <b>Parent or Guardian Signature (required if rider is a minor)</b></p>	<p>X _____ <b>Trainer's Signature (mandatory)</b></p> <p>NAME _____</p> <p>STREET _____</p> <p>CITY _____ STATE _____</p> <p>ZIP _____ TEL _____</p> <p>USEF/USHJA# _____</p> <p>TRAINER'S EMAIL: _____</p> <p>X _____ <b>Coach's Signature (if applicable)</b></p> <p>NAME _____</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.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<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	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## 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 for Part II, later.

<b>Sign Here</b>	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.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## 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, later.*