

Virtual Horse Sport
Rider Entry Form – Multiple Rides per form are allowed

SHOW NAME _____ SHOW DATES _____

VHS ACCOUNT USER NAME OR EMAIL ADDRESS _____

MOBILE NUMBER (To receive a notification of ride review complete) _____

MOBILE SERVICE PROVIDER _____

I GRANT PERMISSION TO RECEIVE TEXT/SMS NOTIFICATIONS (Data fees may apply)

RIDER'S EMAIL ADDRESS _____

RIDER'S NAME _____

RIDER'S BIRTH YEAR _____ RIDER DIVISION (AA/OPEN/JR/YR) _____

HORSE NAME _____

TESTS DESIRED: _____

TELL US ABOUT THE AREAN SIZE AND CONDITIONS. FOR example a 20x60 standard arena

I state the following is true: ***“The horse I am riding, in this video, has not been given any prohibited drugs, for at least 24, prior to my ride. The standard being the USEF drug policy”***

WDAA MEMBERSHIP NUMBER (Required for WDAA pts) _____

USDF Membership NUMBER (OPTIONAL) _____

USEF Membership NUMBER (OPTIONAL) _____

LOCAL CLUB Membership NUMBER (OPTIONAL) _____

YOUR NOTES AND COMMENTS

TOTAL RIDES: _____

TOTAL ENTRY FEES \$ _____

SHOW OFFICE FEE : \$10

TOTAL DUE: _____

Direct Llink: <https://virtualhorsesport.com/product/entry-payment/>