

USEA AREA IV YOUNG RIDERS — 2010 MEMBERSHIP APPLICATION

(Membership Year is December 1 through November 30)



RIDER INFORMATION

Rider's Name _____

Home Phone _____ Cell. Phone _____ Email _____

Parents' Names

_____ Work Phone _____ Email _____

_____ Work Phone _____ Email _____

USEF# _____ FEI# _____

Present Level Competing _____

HORSE INFORMATION

Horse's Registered Name _____

USEA# _____ USEF# _____ FEI# _____ PASSPORT# _____

Additional Horse's Registered Name(s) _____

USEA# _____ USEF# _____ FEI# _____ PASSPORT# _____

AREA IV YOUNG RIDER PROGRAM FEES

To be paid through the USEA website: <https://dashboard.useventing.com/dashboard/>

You must have an active 2010 USEA membership before you may sign up for the Young Rider program. Fees can be paid while renewing your USEA membership.

Please mark down what activities you think you would be interested in:

_____ YR Camp July 2010

_____ Clinics (dates and clinicians TBD)

_____ NAJYRC

Send application to: Gail Santeler
Area IV Young Riders' Membership
909 Oakland Drive
Barrington, IL 60010
H: (847) 304-8525, GSantelerYR@hotmail.com

- You must be a current member of the USEA to join the Area IV Young Riders' program.
- Members are required to actively participate in fund raising activities. _____ (Initial here)
- The deadline for submitting a Declaration of Intent to Ride in the NAYRC or NJYR CH* is May 1, 2010.
- Each Young Rider is asked to submit ten names and addresses for direct mailing fund raising letters. (See page 2)

DIRECT MAIL FUND RAISING — MEMBER CONTACTS

The Area IV Young Riders' fund raising committee mails sponsorship request letters to contacts provided by you, the Young Riders. This has been very effective and is one of many fund raising campaigns in which Young Riders participate. Please list 10 or more contacts to receive a sponsorship request letter:



Contact Name _____

Company Name (If applicable) _____

Address _____

City _____ ST. _____ ZIP _____

Contact Name _____

Company Name (If applicable) _____

Address _____

City _____ ST. _____ ZIP _____

Contact Name _____

Company Name (If applicable) _____

Address _____

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