EQUESTRIAN VAULTING USA

NON-MEMBER FORM

USE ONE FORM FOR EACH NON-MEMBER COMPETITOR

(Non-Member Fee may be applied to full membership dues during current fiscal year)

FEE: $25

☐ Vaulter ☐ Coach ☐ Longeur  Member of: ______________________________

Name: _______________________________ Date of Birth: _____________ USA Citizen ☐ Y/N

Address: ___________________________________________________________

City: ___________________________ State: ______ Zip: ________________

Phone: __________________ Fax: ______________ Email: __________________

To be completed by Competition Management

Competition Name: ___________________________________________________

Competition Date: ____________________________

☐ Cash ☐ Check # _________________

☐ Credit Card # ____________________________

Exp Date: __________ Security Code: __________

CC Billing Address, City: ___________________________ Billing Zip: __________

Signature of Competition Manager: ____________________________

Make 2 copies: give one copy to the Competitor and send one copy to the Competition Secretary along with the $25 Non-Member fee. You must include this form and fee along with your EVUSA results, and all other forms or payments (checks payable to EVUSA) owed to the EVUSA Competition Secretary within 10 days after the Competition.

MAIL TO:  EVUSA National Office, 1443 E Washington Blvd #289, Pasadena, CA 91104