

**EQUESTRIAN VAULTING USA** 

1443 E. Washington Blvd #289, Pasadena, CA 91104 •Tel: 323-654-0800 Fax: 323-654-4306 •E: <u>office@equestrianvaulting.org</u> •W: www.equestrianvaulting.org

## **COMPOSITE TEAM FORM**

For regulations governing Composite Teams, consult current EVUSA Rule Book, Standing Rules; Section VIII.c.8 – Composite Teams.

DIRECTIONS: Complete the form and submit to **COMPETITION MANAGEMENT** within the timeframe published in its prize list. Each vaulter's participation on the Composite Team must be authorized by his or her coach, in a manner acceptable to Competition Management as published in its prize list.

Competition Name:	Competition Date:
Class Name:	Class Number:
Nickname of Composite Team (optional):	
LIST THE PARTICIPATING CLUBS FOR THIS COM (Vaulter names to be determined later as specified in Prize list. For inc	POSITE TEAM lependent vaulters specify club as "Independent" and print vaulter name.)
EVUSA Club	
Name of Organizing Coach:	Phone:
Member of EVUSA Club:	
Email Address:	
Mailing Address:	
The Composite Team list above has been record	ded for the competition listed. 3/23/23
Competition Management Signature:	Date: