



# USEA AUDITOR SIGN-UP SHEET

ACTIVITY NAME: \_\_\_\_\_ ACTIVITY DATE: \_\_\_\_\_

**AUDITOR(S) NAME (1):** \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PLEASE CHECK WHERE APPROPRIATE**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> RECOGNIZED EVENT COMPETITOR   | <input type="checkbox"/> UNRECOGNIZED EVENT COMPETITOR     | <input type="checkbox"/> COMPETITOR'S RELATIVE/FRIEND |
| <input type="checkbox"/> USEA ICP CERTIFIED INSTRUCTOR | <input type="checkbox"/> NOT USEA ICP CERTIFIED INSTRUCTOR | <input type="checkbox"/> USEA MEMBER (# _____)        |
| <input type="checkbox"/> USPC MEMBER (RATING: _____)   | <input type="checkbox"/> PONY CLUB INSTRUCTOR              | <input type="checkbox"/> OTHER: _____                 |

COMMENTS: \_\_\_\_\_

ACTIVITY NAME: \_\_\_\_\_ ACTIVITY DATE: \_\_\_\_\_

**AUDITOR(S) NAME (2):** \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PLEASE CHECK WHERE APPROPRIATE**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> RECOGNIZED EVENT COMPETITOR   | <input type="checkbox"/> UNRECOGNIZED EVENT COMPETITOR     | <input type="checkbox"/> COMPETITOR'S RELATIVE/FRIEND |
| <input type="checkbox"/> USEA ICP CERTIFIED INSTRUCTOR | <input type="checkbox"/> NOT USEA ICP CERTIFIED INSTRUCTOR | <input type="checkbox"/> USEA MEMBER (# _____)        |
| <input type="checkbox"/> USPC MEMBER (RATING: _____)   | <input type="checkbox"/> PONY CLUB INSTRUCTOR              | <input type="checkbox"/> OTHER: _____                 |

COMMENTS: \_\_\_\_\_

ACTIVITY NAME: \_\_\_\_\_ ACTIVITY DATE: \_\_\_\_\_

**AUDITOR(S) NAME (3):** \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PLEASE CHECK WHERE APPROPRIATE**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> RECOGNIZED EVENT COMPETITOR   | <input type="checkbox"/> UNRECOGNIZED EVENT COMPETITOR     | <input type="checkbox"/> COMPETITOR'S RELATIVE/FRIEND |
| <input type="checkbox"/> USEA ICP CERTIFIED INSTRUCTOR | <input type="checkbox"/> NOT USEA ICP CERTIFIED INSTRUCTOR | <input type="checkbox"/> USEA MEMBER (# _____)        |
| <input type="checkbox"/> USPC MEMBER (RATING: _____)   | <input type="checkbox"/> PONY CLUB INSTRUCTOR              | <input type="checkbox"/> OTHER: _____                 |

COMMENTS: \_\_\_\_\_

**RETURN SIGN-UP SHEET TO:**

USEA | 525 Old Waterford Rd, NW | Leesburg, VA 20176 | Fax: (703) 779-0550 | Email: [Memberservices@useventing.com](mailto:Memberservices@useventing.com)