

USPC Stall Card: Your Name and Pony Name

Mount ___ **Penny** _____

Club/Region ___ **Bath Pony Club Tri-State Region, Ohio** _____

Rider ___ **Full Name** _____

Competitor #: _____ HM Rating: **xx** _____ Riding Rating: **xx** _____

Tetrathlon – competitor numbers of ALL riders using mount:

Competitor emergency contact information **Parents Name** _____

Cell phone number **(xxx) xxx-xxx Or (xxx) xxx-xxxx** _____

or

Name of lodging/hotel _____ Phone # (____) _____

Room registered to _____

The following information is required so these individuals can be contacted when not on rally grounds. Provide emergency contact information with area codes.

Owner/Agent of Mount ___ **Owners Name of Pony** _____

Home # **(xxx) xxx-xxxx** Cell or **(xxx) xxx-xxxx** _____ or

Name of lodging/hotel _____ Phone # (____) _____

Room registered to _____

Chaperone ___ **Name of Chaperone** _____

Chaperone emergency contact information

Cell phone number **(xxx)xxx-xxxx** or

Name of lodging/hotel _____ Phone # (____) _____

Room registered to: _____

Veterinarian: ___ **Dr. Full Name** _____

Phone Number **(xxx) xxx-xxxx** _____

Farrier: ___ **Full Name** _____

Phone Number **(xxx) xxx-xxxx** _____

Mount's Name ___ **(Nick Name) Full Name** _____

Age ___ xx _____ Sex ___ **xxxx** _____

Vital Signs at Rest: Temp **xx.x** _____ Pulse _ **xx** _____ Resp _ **xx** _____

Stable Vices _ **Name** _____ Allergies ___ **Name** _____

Accurate, representative photograph or physical description of mount.

