



# Ontario Provincial Saddle Seat Equitation Championship Qualification Form

## Participant Information

Name: \_\_\_\_\_ OEF #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

## Competition #1 Information

Name of Competition: \_\_\_\_\_

Location: \_\_\_\_\_ Date of Competition: \_\_\_\_\_

Competition Secretary's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Judge: \_\_\_\_\_ Class Name: \_\_\_\_\_

Placing in Class: \_\_\_\_\_ Number of Entries in Class: \_\_\_\_\_

## Competition #2 Information

Name of Competition: \_\_\_\_\_

Location: \_\_\_\_\_ Date of Competition: \_\_\_\_\_

Competition Secretary's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Judge: \_\_\_\_\_ Class Name: \_\_\_\_\_

Placing in Class: \_\_\_\_\_ Number of Entries in Class: \_\_\_\_\_

I have read the rules and regulations concerning the Ontario Provincial Saddle Seat Equitation Championship and by submitting this qualification form, I agree to be bound by and subject to those rules.

\_\_\_\_\_  
(Participant Signature – to be signed by parent/guardian if under 18)

\_\_\_\_\_  
Date

*\* Incomplete forms will NOT be accepted \**

*Forms must be received by the OEF office by midnight of the Monday preceding the Championship competition. Competitors are encouraged to submit their forms as soon as qualifications are met*

**Please return the form to:**

Ontario Provincial Saddle Seat Equitation Championship Show  
c/o Ontario Equestrian Federation  
9120 Leslie Street, Suite 203, Richmond Hill, Ontario, L4B 3J9  
fax #: 905-709-1867