

American Stock Horse Association

www.americanstockhorse.org
 Phone 254-898-0906 Fax 254-898-0908

2014 ASHA Event Application Form

Any Member, an affiliated or non-affiliated entity may request an ASHA EVENT be recognized by ASHA and if recognized, the appropriate publicity will be provided and the appropriate results will be recorded by ASHA. All participants must be an ASHA member.

1. The rules of the current ASHA Handbook must be followed.
2. A regular ASHA Event is considered to be a clinic and competition. The recommended schedule is to have a clinic one day and a competition the following day.
3. ASHA Competitions must offer the four versatile stock horse classes that are listed in the rules as described in the ASHA Handbook. Six divisions are currently being offered and pointed; every ASHA competition must offer at least the Open and Novice Divisions.
4. The ASHA Event Application form must be completed and sent to the ASHA office at least 90 days prior to the event. Exceptions may be made for 2011 events.
5. Each participant at a recognized ASHA event must either submit an ASHA membership card or purchase an ASHA
6. All horses in ASHA Competitions must submit an ASHA Competition License or purchase an ASHA Competition

Event Information

Type of Event (check one)

ASHA Approved Event (Clinic & Competition) - \$25 application fee

Clinic: A \$5 participant fee for each clinic participant plus all ASHA membership fees collected must be submitted with event reports results

Competitions: A \$5 per horse/rider combination bookkeeping fee plus all ASHA membership fees collected and Horse Competition License fees collected must be submitted with event reports & results.

ASHA Approved Special Event (Exhibition Events, Awareness Clinics, Trail Rides, etc.) - \$25 application fee.

A \$5 per participant or exhibitor plus membership fees collected must be submitted with event reports and results.

ASHA Approved Collegiate Event - \$25 application fee

A \$5 per participant or exhibitor fee plus collegiate membership fees collected and horse competition license fees collected for all participants must be submitted with event reports & results

EventName _____ Date(s) _____

Type & Description of event _____ being held in Region _____

Event approved by Local Affiliate Yes No Pending. If Yes or Pending, Name of Affiliate _____

If Competition, ASHA Divisions Offered: Open Non Pro LTD Non Pro Novice Youth Green Horse

Size of Competition held last year, if appropriate: Class D (30 or less horses) Class C (30-75 horses) Class B (75- 125) Class A (125+)

Arena & Location _____
(Fairground/Facility) (City) (State) (Zip)

Number of arenas? _____ How many covered? _____ Warm up area available? _____ Number of stalls _____

Other Description of Location _____

Name of sponsoring organization or individual _____

Address _____
(City) (State) (Zip)

Event/Sponsor Website or E-Mail _____ Sponsoring Organization Phone _____

E- Mail or Website Link to Event Information _____

Management

Event Manager . ASHA #	Event Secretary . ASHA #
Name	Name
Address	Address
City State Zip	City State Zip
Daytime Phone ()	Daytime Phone ()
Cell Phone ()	Cell Phone ()
E-Mail Address	E-Mail Address

Statement of Cooperation

By submitting this application, I represent and warrant that I am authorized, as a representative of the Sponsor named above, to make this application and that the Sponsor represents and warrants that its officer, members and agents, including the Event Manager and Event Secretary for the Event will abide by all provision of the Articles of Incorporation, Bylaws, Rules and Regulations of the American Stock Horse Association as they now exist or may periodically be amended, knowledge of which I now have or will immediately acquire and that the above information on this form is accurate. The undersigned also agrees to the limited use of any ASHA logos as stated in the current ASHA Handbook and to submit proper fees, electronic documents and paper work within 14 days of the event's completion or be subject to a \$50 fine.

Further, show management agrees to indemnify and hold harmless the ASHA from any and all liability, if any, arising to the ASHA by virtue of its granting us event approval

Signature _____ Date _____

Total Application Fee Due - \$25: Amount Enclosed _____

Complete and Return to:

American Stock Horse Association

P.O. Box 3038

Glen Rose, TX 76043

ASHA Office Use:

Approved _____ Date _____

Applicant Notified _____ Date _____

Placed on Calendar of Events _____ Date _____