



Regional Championship Event Application

Event Manager: _____ ASHA #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Location of Event: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Website: _____

Sponsoring Organization: _____ Event Name: ASHA Region ____ Championships

- Individual/ Sole Proprietor
 Corporation
 Partnership
 Limited Liability Company

1. Does your selected facility have any exclusive features? May Include architecture, onsite dining establishment, natural features for conducting trail competitions. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. In addition to the buckles provided by ASHA what other awards do you have in mind? Do you consider these awards exclusive to your region; something that can only be provided there? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you need additional buckles other than the seven buckles provided by ASHA? (List Below) _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you booked your clinicians? Who have you booked as clinicians or who are you considering for these positions? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you planned entertainment, a live or silent auction, or social activities that you feel will enhance the event? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Will you be planning or considering activities such as paid trail, reining, or cow warm-ups?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Will you offering paid warm-ups on a "flag"?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Are there other mini competitions or activities that participants may take part in? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Do you have an ASHA banner to be displayed during the event?	<input type="checkbox"/> YES <input type="checkbox"/> NO

By submitting this application, I represent and warrant that I am authorized, as a representative of the sponsoring organization name above, to make this application and the sponsoring organization represents and warrants that its officers, 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 and ASHA logos as stated in the current ASHA Handbook and to submit proper fees, electronic documents, and paperwork 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 it granting us event approval.

Signature: _____ Date: _____

Total Amount Enclosed: \$ _____ \$150- Additional Buckle/ Each

\$25- Single Judge \$50- Double Judged- Combined Show Results \$50- Double Judged- Two Independent Show Results \$25- Collegiate

American Stock Horse Association (ASHA)
P.O. Box 1548
Sweetwater, Texas 79556

Phone: (254) 898-0906
info@americanstockhorse.org
www.americanstockhorse.org