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| R o c k y M o u n t a i n H o r s e S h o w A s s o c i a t i o n |

**2020 Application for Horse Show Approval**

Being familiar with Rocky Mountain Horse Show Association rules, we make application for approval of:

|  |  |
| --- | --- |
| Name of Horse Show: |  |
| Location: |  |
| Dates: |  |

Approval requested:

|  |  |
| --- | --- |
| 🞎 | Single-judged - $15 per day if all classes are single-judged. You may have more than one judge, but all classes are single-judged. |
|  |  |
| 🞎 | Multiple-judged - $15 per day if most classes are judged by more than one judge, e.g., AHA concurrent shows. |

|  |  |
| --- | --- |
| Application check total: | $ |
| Five-dollar ($5.00) donation for RMHSA website management and linked e-sites: | $ |
| **Total enclosed:** | $ |

We are planning to hold Rocky Mountain Showdown classes: 🞎 Yes 🞎 No

The proposed horse show is sponsored by:

**PERSONNEL**

|  |  |  |  |
| --- | --- | --- | --- |
| Show Manager: |  | | |
| Address: |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Show Secretary: |  | | |
| Address: |  | Phone: |  |

**PROPOSED JUDGES:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Division(s): |  |
| Name: |  | Division(s): |  |
| Name: |  | Division(s): |  |

**OTHER HORSE SHOW INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Farrier: |  | | Veterinarian: |  |
| EMT: |  | | Concessions: |  |
| Liability Insurance Carrier: | |  | | |

This horse show will include RMHSA point award classes (attach list if possible).

Proposed fees (insert dollar amounts):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Entry Fee: | $ | Stall Fee: | $ | Office Fee: | $ |

Proposed payback if applicable: $

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Application for approvals submitted: | 🞎 | USEF | 🞎 | AHA | 🞎 | AMHA |

This horse show will be listed as a qualifying show for Rocky Mountain Horse Show Association members on our website, ShowMeTheRibbons.com. Please announce this horse show as a qualifier in your premium book.

|  |  |  |  |
| --- | --- | --- | --- |
| Mail to: | RMHSA  PO Box 740564  Arvada, CO 80006-0564 | Date approved: |  |
|  |

Rev: 02/2020