

APPALACHIAN HORSE SHOW ASSOCIATION, INC.

2010 SHOW AFFILIATION REGISTRATION FORM

www.appalachianhorseshow.com

Thank you for your application to our association. Your show date, along with the shows' contact's name and telephone or e-mail address, will appear on our website at www.appalachianhorseshow.com

You may link your website **for free** or post your schedule/show bill on **AHSA website for \$25.00**. All information must be mailed or e-mailed to ahsaboard@gmail.com

Your check must be received by the association before horse show schedule is linked up or published.

Show Bill must be provided with this form or emailed to ahsaboard@gmail.com before show approval.

One form per show. All shows must be listed separately and sent with show bill by emailed or mailed.

A list of approved Stewards is available on the AHSA website for those that would like to have a Steward.

Shows MUST include on program – Affiliated with the Appalachian Horse Show Association Inc.

NAME OF SHOW _____

Address and Location of Show _____

Affiliated Organizations with this show: _____

Type of Classes (check all that will be represented on show bill)

___ *ASB (American Saddle bred)* ___ *H-Hackney* ___ *CS-Country Saddle* ___ *P-Pacing* ___ *W-Western*
___ *A-Arabian* ___ *R-Racking* ___ *PF-Paso Fino* ___ *TWH-Tennessee Walking Horse* ___ *H/J-Hunter/Jumper*
___ *G-Gymkhana* ___ *RH-Ranch Horse* ___ *DR-Draft Horse* ___ *M-Mule* ___ *Mini-Miniature Horse* ___ *B-Barrel Race*
___ *Rd-Roadster* ___ *Mor-Morgan* ___ *Dsg-Dressage* Other _____

SHOW MANAGER _____

ADDRESS _____

ZIP CODE _____

PHONE _____ (DAY) _____ (NIGHT)

E-Mail _____

I (we) have selected, subject to AHSA approval, the date(s) of _____, to hold the above show. It is agreed that this show will be held in compliance with the all rules and regulations of the Appalachian Horse Show Association, Inc. unless associated with another recognized national/international approved equine organization. There is no fee to be sanctioned, but a show bill must be provided and sent with this form by mail, email or hand delivery.

Post my show bill on the AHSA website. Please make your check for \$25.00 to AHSA.

(Signature) _____ Date _____

-----Cut and retain below information-----

Please return Affiliation Form completed form by April 20th, 2010 (for member show list mail out) to:

AHSA

c/o Liza Fox-Mills

P.O. Box 206

Nickelsville, VA 24271 ahsaboard@gmail.com 423-247-6765

Please send your Show Results to above address. Results must be sent in within 10 days after show.