

# CONNECTICUT HORSE SHOWS ASSOCIATION, INC.

FIRST STATE ORGANIZATION OF ITS KIND IN AMERICA

Affiliate Member - US Equestrian Federation



I/We, the undersigned, do hereby agree to meet the requirements of the Connecticut Horse Shows Association, Inc, ("CHSA") and to be governed by its rules and constitution. I enclose herewith the dues for the year 2008 and request the date(s)\* of \_\_\_\_\_ for the \_\_\_\_\_ as a member(s) show of the CHSA. Show(s) will be held in the town(s) of \_\_\_\_\_ I certify that this show will maintain the standards set forth by CHSA.

## Show Manager or Representative

(Signature)

(Printed Name)

This application must be signed by a representative of the Sponsoring Organization, the party or parties financially responsible for the competition (i. e., the entity, person or persons who will retain or disburse any profits, who will be responsible for the competition's debts and who will bear any losses). NOTE: Date approvals are issued to the Sponsoring Organization which, under CHSA Rules (Rule 1c), is entitled to protection of comparable dates. Failure to correctly identify the Competitions Sponsoring organization may result in loss of comparable dates.

\_\_\_\_\_  
(Name of the Sponsoring Organization)

\_\_\_\_\_  
(Signature of Sponsor)

\_\_\_\_\_  
(Date)

A director of CHSA will be assigned by the Show Relations committee to assist you in any way possible and to act as a liaison between your Show and the CHSA Board of Directors. Please indicate below if you have a preference as which Director you would like to assist and advise you. Name of CHSA Director: \_\_\_\_\_

## SHOW AFFILIATION FEES:

Single Day = \$45.00

Multi-day = \$60.00

**\*\*\* This application will only be considered if the Manager is a member of CHSA for the year in which the show(s) is/are to be held. His/Her membership application and fee must be included with this show application. The Show Manager is:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The Secretary of the show is:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ADDRESS ALL CORRESPONDENCE TO (circle one): Secretary Manager

The person you wish published in the *Around the Circuit* newsletter as the contact person for this show is:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please print) Email: \_\_\_\_\_

Each CHSA Show is entitled to two delegates (or their alternates) who will have full voting powers at the CHSA Annual Meeting and at any "Special" CHSA meetings. The delegates for the above named show will be:

1st Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2nd Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The following have been appointed as their alternates:

1st Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2nd Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## DIVISIONS TO BE OFFERED

- American Saddlebred
  - Arabian/Half Arabian
  - Color Breed Pleasure (Appaloosa, Buckskin, Paint, Palomino and Pinto)
  - Dressage
  - Driving
    - Carriage
    - Open Pleasure Driving
  - Equitation
    - Hunt Seat
    - Saddle Seat
    - Western Seat
    - Beginner 11 & Over
  - Hackney/Harness Pony
  - Hunter
  - Jumper
  - Morgan
  - Pleasure Horse/Pony
    - Children's Pleasure Pony
    - Junior English
    - Adult English
    - Junior Western
    - Adult Western
    - English Trail
    - Western Trail
    - Hunter Pleasure
    - Quarter Horse Hunter Under Saddle
    - \*CHSA English Pleasure Horse
    - \*CHSA Western Pleasure
- \*Minimum of one class mandatory or double show affiliation dues required.
- Roadsters
  - Road Hack
  
  - CHSA Medals *NEW!*
    - Short Stirrup
    - Pre-Children's Equitation
    - Children's Equitation
    - Modified Adult Equitation

If after this application has been submitted, additional classes or divisions are to be offered, please notify the Show and Public Relations Committee so that such information may be published.

**PLEASE RETURN COMPLETED  
AFFILIATION FORM TOGETHER  
WITH A CHECK TO:**

CHSA Show Relations Chairman  
Stacey Hathaway  
P. O. Box 638  
Killingworth, CT 06419  
Phone: 203-627-5249  
Fax: 860-663-5569  
Email: stacyhathaway3351@sbcglobal.net

\*Additional show dates may be listed here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_