

CONNECTICUT HORSE SHOW ASSOCIATION, INC.

FIRST STATE ORGANIZATION OF IT'S 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 **2010** and request the date(s)* of _____ for the _____ as a member(s) show of 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 1e) is entitled to protection of comparable dates. Failure to correctly identify the Competitions Sponsoring organization may result in loss of comparable dates.

(Name of 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 at 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 show secretary is:

Name: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip Code: _____

ADDRESS ALL CORRESPONDENCE TO: (circle one) Secretary Manager

The person you wish published as the contact person for this show is:

Name: _____ Phone: _____
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 mentioned show will be:

1st Name: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip Code: _____

2nd Name: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip Code: _____

The following have been appointed as their alternates:

1st Name: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip Code: _____

2nd Name: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip Code: _____

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
 - 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
 - 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 Show Relations so that such information may be approved and published.

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

CHSA Show Relations Chairman
Ruth Fried
16 Smokerise Circle
Prospect, CT 06712
Tel: 203-910-5701
Fax: 203-758-3259
Email: rtsfried12@yahoo.com

*Additional show dates may be listed here: _____
