



CONNECTICUT HORSE SHOWS ASSOCIATION, INC.

FIRST STATE ORGANIZATION OF ITS KIND IN AMERICA
Affiliate Member – USEF

Renewal Year _____ New Show Request Special Permission

I/We, the undersigned, as licensee, do hereby agree to meet the requirements of the Connecticut Horse Shows Association, Inc. ("CHSA") and to be governed by its rules and constitution. Please show requested dates on page 2.

Licensee Name _____
Please Print Signature of Licensee Representative Date

Show Name and Location _____
Name Number Street City State Zip

Venue Owner Name _____
Please Print Signature Date

Show Manager _____
Please Print Signature of Show Manager Date

Show Secretary _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ FAX _____ Cell _____ Email _____

ADDRESS ALL CORRESPONDENCE TO: (The person you wish published as the contact person for this show)
(Circle one): Secretary Manager Owner

This application must be signed by a representative of Sponsoring Organization, the party or parties financially responsible for the competition (i.e., licensee) who will retain or disburse any profits, who will be responsible for the competitor'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, when applicable. Failure to correctly identify the Competitions Sponsoring organization may result in loss of comparable dates.

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 = \$60.00 Multi-day = \$75.00

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.
**** IMPORTANT NOTE: MANAGER'S MEMBERSHIP APPLICATION AND FEE MUST BE INCLUDED WITH THIS SHOW APPLICATION FOR DATE(S) TO BE ELIGIBLE FOR APPROVAL**

Please check appropriate divisions:

- American Saddlebred
 - Arabian/Half Arabian
 - Color Breed Pleasure (Appaloosa, Buckskin, Paint, Palomino and Pinto)
 - Dressage
 - Driving
 - Carriage
 - Open Pleasure Driving
 - Equitation
 - Academy (Saddle Seat)
 - Hunt Seat
 - Saddle Seat
 - Western Seat
 - Beginner 11 & Over
 - Lead Rein
 - Walk-Trot/Walk Jog
 - CHSA Medals
 - Short Stirrup
 - Pre-Children's Equitation
 - Children's Equitation
 - Modified Adult Equitation
 - Hackney/Harness Pony
 - Roadster 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
 - Road Hack
 - *Cynthia Jensen CHSA English Pleasure
 - *CHSA Western Pleasure
 - Walk-Trot/Walk Jog

Per rule II A 24 : If an Affiliated Show finds it necessary to add divisions or classes originally listed in the printed prize list or to change the show location, the show manager shall request approval from the CHSA Show Relations Chairperson and the CHSA Rules and Protests Chairperson (or their designee) at least 30 calendar days prior to the show date.

All shows affiliated with CHSA must carry a minimum of one million dollars insurance coverage. A copy of the insurance certificate showing CHSA as a Certificate Holder must be submitted at least 14 days before the show as per Rule I, C, 2, to avoid fines.

PLEASE RETURN COMPLETED AFFILIATION AND MEMBERSHIP FORMS TOGETHER WITH A CHECK TO:
CHSA Show Relations Chairman
Peter B. Mann
P.O. Box 54
Danielson, CT 06239-0054
Phone 860-774-1551
Fax 860-774-7084
info@mantec.com

(*Minimum of one CHSA Pleasure class mandatory or double show affiliation dues required)

Show Dates Requested: _____

