

## New Hampshire Horse & Trail Association Application for Show Affiliation

	Name of Show:  Name of Sponsor:  Exact Location:			
A ASSOCATION				
ASSO				
Date:	Class A	Class B	Class C	NEHC Rating
Name of contact for Rule Bool	k Listing:			
Mailing Address:	Tel. #			
	Email:			
Name of Show Manager:				
	Tel. #			
			Email:	
Name of Show Secretary:				
Nailing Address:			Tel. #	
			Email:	
Number of Divisions offered:	Am	ount of Cash g	uaranteed in priz	ze money:
Name of Judge(s):		Addres	s:	
Name of Steward:		Address	s:	
	CEIVED AND A	show \$35	Three day show	\$50  DAYS PRIOR TO SHOW
n order to facilitate schedulir Affiliation Secretary <b>by Dece</b> n			bs II Road	form must be returned to
Application Rec'd.		Tentative Class List Rec'd.		

Affiliation Fee Rec'd. \_\_\_\_\_\_ Penalty Fees Rec'd. \_\_\_\_\_

Show Packet Sent: \_\_\_\_\_ Membership List Sent: \_\_\_\_\_