



## Event Approval Application

Thank you for your interest in holding an event that is approved by USA Reining. We look forward to helping you as much as possible to ensure that your event is a success.

|                            |        |              |               |
|----------------------------|--------|--------------|---------------|
| <b>Name of the Event:</b>  |        |              |               |
| Arena or Facility Name:    |        | Event Dates: |               |
| Arena or Facility Address: |        |              |               |
| City:                      | State: | Zip:         | Phone Number: |
| Email Address:             |        | Website:     |               |

Show Secretary Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Will you be having  
USEF or FEI classes?  
(circle one) Yes No

Judges Names: \_\_\_\_\_

### \$50 Approval Fee Per Slate

| SLATE 1          |                          | SLATE 2          |                          |
|------------------|--------------------------|------------------|--------------------------|
| Open             | <input type="checkbox"/> | Open             | <input type="checkbox"/> |
| Amateur          | <input type="checkbox"/> | Amateur          | <input type="checkbox"/> |
| Youth 19-21      | <input type="checkbox"/> | Youth 19-21      | <input type="checkbox"/> |
| Youth 14-18      | <input type="checkbox"/> | Youth 14-18      | <input type="checkbox"/> |
| Youth 13 & Under | <input type="checkbox"/> | Youth 13 & Under | <input type="checkbox"/> |
| Para Grade 5     | <input type="checkbox"/> | Para Grade 5     | <input type="checkbox"/> |
| Para Grade 4     | <input type="checkbox"/> | Para Grade 4     | <input type="checkbox"/> |
| Para Grade 3     | <input type="checkbox"/> | Para Grade 3     | <input type="checkbox"/> |
| Para Grade 2     | <input type="checkbox"/> | Para Grade 2     | <input type="checkbox"/> |
| Para Grade 1     | <input type="checkbox"/> | Para Grade 1     | <input type="checkbox"/> |

### OFFICE USE ONLY

|            |      |     |
|------------|------|-----|
| Date Rcvd: |      |     |
| # Slates:  | 1    | 2   |
| Paid:      | \$50 | 100 |
| CK/CC#:    |      |     |
| Approved:  |      |     |
| Show ID:   |      |     |
| Complete:  |      |     |

| CREDIT CARD INFORMATION  |  |
|--------------------------|--|
| Card Type:               | <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Amex <input type="checkbox"/> Other _____ |
| Cardholder Name:         |  |
| Card Number:             |  |
| Expiration Date (mm/yy): |  |
| Cardholder Zip Code:     | CVC Code:  |

Return completed and signed application to: USA Reining, Inc., 13181 U.S. 177, Byars, OK 74831 or fax to 580-759-3999

This application must be completed, signed, and submitted by the applicant before approval can be considered. If applicant is other than an individual, the undersigned further represents that he/she is the individual who is authorized by the applicant to sign this form and therefore legally bind the applicant to the rules of USA Reining. The applicant is responsible for and obligated to ensure that the competition is conducted in compliance with all USA Reining rules, policies and procedures. The applicant is responsible for ensuring that all the terms and conditions of the event, as approved by USA Reining are met. The undersigned represents that this information is correct and that any changes will be reported in writing to USA Reining as an amendment to this form.

SIGNATURE OF APPLICANT: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_