



# Event Approval Summary Form

EVENT NAME: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

START TIME: \_\_\_\_\_

FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ ZIP: \_\_\_\_\_

REGION: \_\_\_\_\_ (Country show is held for International shows/Region for North American)

EVENT LEVEL (please check one):  D  C  B  BB  A  AA

Please return all forms to: NRHA – Member & Show Services Department  
3021 W Reno Ave  
Oklahoma City, OK 73107-5302  
Phone: (405) 946-7400  
Fax: (405) 946-8425  
shows@nrha.com

I hereby agree to adhere to, and abide by the NRHA Rules and Regulations, and do guarantee all prize monies to exhibitors within 45 days after the completion of this event, as well as, agree to forward results to NRHA within 10 days after the completion of this event.

**NRHA allows legal entities or individuals to be responsible for the payment of all show related fees and/or show related fines owed to NRHA resulting from an approved NRHA show. This form is used to document the legal entity or individuals responsible for payment for the show or event noted on this form, it is critical for this section to be completed properly, the legal entity or individual responsible for payment as documented on this form is subject to suspension by NRHA for non-payment of all show related fees and/or show related fines owed to the NRHA. An individual who signs on behalf of a legal entity, who is not legally authorized to do so, will be held individually liable for all show related fees and/or show related fines owed to the NRHA.**

We acknowledge that because these rules have been established on the basis of experience and fairness to all who are interested in the betterment of reining horse competitions, the undersigned therefore agrees to indemnify and hold harmless the NRHA for any injuries, damages or claims, of whatever nature, arising from the performances conducted under the NRHA Rules and Regulations.

Legal Entity responsible for payment to NRHA and compliance with all NRHA Rules and Regulations: (must check box)

- Individual/Sole Proprietor  Corporation  Partnership  Limited Liability Company  
 Affiliate (Direct Billing Contact)  IAP

Name of Legal Entity or Individual responsible for payment: \_\_\_\_\_

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

State/Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# EVENT MANAGEMENT

**Show Representative:** Name \_\_\_\_\_ NRHA ID # \_\_\_\_\_

(if event is an AA event, the representative must be an NRHA Steward)

**Show Secretary:** Name \_\_\_\_\_ NRHA ID# \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**Show Manager:** Name \_\_\_\_\_ NRHA ID # \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**Trophy Ship To Info:** Name \_\_\_\_\_

Attention \_\_\_\_\_ NRHA ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

**Event Approval Contact:** Same as • Show Secretary • Show Manager OR • Other (please fill in info below if mark "other")

Name \_\_\_\_\_ NRHA ID# \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Event Results Contact:** Same as • Show Secretary • Show Manager OR • Other (please fill in info below if mark "other")

Name \_\_\_\_\_ NRHA ID# \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Stall Reservations:** Same as • Show Secretary • Show Manager OR • Other (please fill in info below if mark "other")

Name \_\_\_\_\_ NRHA ID# \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Videographer:**

(required for A or AA events):

Name \_\_\_\_\_ NRHA ID# \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Event Website:** \_\_\_\_\_

**Horse Show Office #:** \_\_\_\_\_ Fax \_\_\_\_\_

# Event Classification

## TOTAL ADDED MONEY

Show/Slate 1	
Show/Slate 2	
Show/Slate 3	
Show/Slate 4	
Show/Slate 5	
<b>TOTAL</b>	

# Payment Information

## Credit Card Information

VISA • MasterCard • American Express • Discover

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

CSV code: \_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Please check the boxes for the items you would like to charge to the credit card:

NOTE: Not all charges will occur in one transaction.

- Trophies
- Shipping
- Application Fee
- Late Show Fee
- NRHA 5% Fee
- NRHA Meds Fee

# Trophy Information:

NRHA SHOWS HELD INTERNATIONALLY ARE RESPONSIBLE TO PAY FOR THE SHIPPING, DUTY AND TAXES OF ANY TROPHIES ORDERED.

<b>US Trophy Cost</b>				
Trophy Type	Trophy Cost	Shipping Cost	Total Cost	Purse Deduction*
Lawson	\$385	\$65	\$450	\$450
Morrison	\$300	\$20	\$320	\$320
Morgan	\$195	\$15	\$210	\$210
Plaque	\$47	\$15	\$62	\$62

<b>US Trophy Plates Only*</b>				
Trophy Type	Plate Cost	Shipping Cost	Total Cost	Purse Deduction*
Lawson	\$15	\$15	\$30	\$30
Morrison	\$15	\$15	\$30	\$30
Morgan	\$15	\$15	\$30	\$30
Plaque	\$15	\$15	\$30	\$30

<b>International Trophy Cost</b>				
Trophy Type	Trophy Cost	Shipping Cost	Total Cost	Purse Deduction*
Lawson	\$385	Actual	Varies	\$450
Morrison	\$300	Actual	Varies	\$320
Morgan	\$195	Actual	Varies	\$210
Plaque	\$47	Actual	Varies	\$62

<b>International Trophy Plates Only*</b>				
Trophy Type	Plate Cost	Shipping Cost	Total Cost	Purse Deduction*
Lawson	\$15	Actual	Varies	\$30
Morrison	\$15	Actual	Varies	\$30
Morgan	\$15	Actual	Varies	\$30
Plaque	\$15	Actual	Varies	\$30

*\*When ordering plates only place \$30 in the trophy fee for each class on the slate approval form.*

*\*Purse Deduction- The total amount shows will use when figuring payback calculations.*

**Trophies should arrive approximately 2 weeks prior to your event. Please inspect them upon receipt.  
Plaques and trophies ship from different vendors and will arrive separately.**

# **Slate 1 Show Approval Information:**

Type of Slate: (please check only one)

- Ancillary     Aged     National     FEI     Breed Restricted     Freestyle     Jackpot Affiliate Show     Entry Level

## **Affiliate Circuit Show Information:**

**\*Note: This is applicable for Ancillary slates only.**

Affiliate Name: \_\_\_\_\_

Affiliate Name: \_\_\_\_\_

## **Judges**

Name: \_\_\_\_\_ NRHA ID# \_\_\_\_\_

Name: \_\_\_\_\_ NRHA ID# \_\_\_\_\_

Name: \_\_\_\_\_ NRHA ID# \_\_\_\_\_

Name: \_\_\_\_\_ NRHA ID# \_\_\_\_\_

Name: \_\_\_\_\_ NRHA ID# \_\_\_\_\_

Name: \_\_\_\_\_ NRHA ID# \_\_\_\_\_

## **Specifications:**

Entry Closing Date \_\_\_\_\_

Post Entries \_\_\_\_\_

Late Entry Closing Date \_\_\_\_\_

Restrictions (Categories 4,6,8 Only)

## **Additional Information**

## **Non NRHA Approved Classes**

NRHA judges who judge unapproved reining classes will be subject to an Investigative Judge Review. Exceptions to this rule may be found in the NRHA Handbook or by contacting the NRHA office.

## **Other Options – AGED EVENT CLASSES ONLY**

- Horses are to be shown one handed
- Horses are to be shown one handed or may show two handed in a snaffle bit or hackamore
- Horses may be shown one or two handed in any legal bridle and may switch hands at any time during the class
- Horses may be shown one or two handed in any legal bridle and may not change hands or switch from one to two hands
- Junior horses \_\_\_\_\_ (age) & under may show two handed in snaffle bit or hackamore
- Other (please describe)

**Payback Schedule:** (Applicable for aged event/national/FEI shows only)

- A     B     Other (please attach payback model)

# Show Approval Slate 1 Form:

Name of Show: \_\_\_\_\_

**\*\*You must fill out this form for every slate you are offering. US Monies Only!**

Class #	Class Name	Retainage	Entry Fee	Added Money	Judges Fee	Pattern	Trophy Fee*
<b>Total</b>							

\*\* If you need to add more classes and slates please use the multiple show approval slate form.



## European Testing Kits Order Form

Date: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Start date of event: \_\_\_\_\_  
(Send in a copy of the show schedule with this form.)

Show Number(s): \_\_\_\_\_

**Number of expected horses at the Event:** \_\_\_\_\_

**Number of NRHA medication test kits needed at Event:** \_\_\_\_\_ (= number of horses / 20)

Name of show secretary: \_\_\_\_\_ NRHA ID: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name of show manager: \_\_\_\_\_ NRHA ID: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### **Invoice information for testing:**

Name of legal entity or individual responsible for payment: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name and Signature of responsible person: \_\_\_\_\_

Mail this form to [euromedications@nrha.com](mailto:euromedications@nrha.com) no later than two (2) weeks before the starting day of the event.