

AQHA-SANCTIONED RECREATIONAL EVENT APPLICATION

For EACH event, the following items must be completed and returned to AQHA at least 90 days prior to the event:

- Signed Event Coordinator Agreement—Form B
- Completed Recreational Event Application—Form A (this form)
- All appropriate Fees (please make checks payable to AQHA or Complete the Credit Card form)

Submit the above items to: AQHA, C/O Recreational Dept., 1600 Quarter Horse Dr., Amarillo, TX, 79104

AMERICAN
QUARTER
HORSE
RIDE
PROGRAM

AQHA Trail Ride \$50

AQHA Trail Challenge \$50

AQHA Trail Ride and Trail Challenge \$100

Check type of AQHA-sanctioned Event requested



Event Name (and website if applicable): _____

Event Site and exact address: _____

Site Owner's Contact Information:

Address _____ City State/Province _____ Postal Code _____ Country _____

Preferred Daytime Phone#: _____ Cell Phone #: _____

E-mail Address: _____

Event Start Date: _____ Event End Date: _____

Host Organization: _____

Name of Event Coordinator: _____

Event Coordinator's AQHA Member # (must be a current AQHA member in good standing): _____

Event Coordinator Contact Information:

Address _____ City State/Province _____ Postal Code _____ Country _____

Preferred Daytime Phone#: _____ Cell Phone #: _____

E-mail Address: _____

Name, age, equine experience of Event Coordinator and other individuals who will take an active part in the implementation of the Recreational Event (trail masters/bosses, assistant ride coordinators, etc.):

Name of Alternative Contact for Recreational Event: _____

Daytime Phone #: _____ E-mail Address: _____

Event Description:

Participant Entry Fee(s): _____

Estimated Number of Riders: _____

Additional Options and Associated Fee(s) (e.g., camping fees): _____

Background Information of Event Location (e.g., Palo Duro Canyon is 2nd largest canyon, etc.):

Schedule (e.g., check-in time, meals, activities, etc.): _____

Trail Details or Trail Challenge Obstacle layout (Include photos of obstacles course if possible:

Additional Activities (e.g. local attractions, climbing, etc.): _____

Facilities Available (e.g., RV hook-ups, showers, restrooms, portable restrooms, water for horses, or trailer tie-up permitted): _____

Additional Amenities: _____

Stalls Available / Fee: _____

Rental Horses Available / Fee: _____

Horse Health Requirements: _____

Number of Posters Requested (maximum = 25 per event): _____

Information to be placed on poster:

Name of Host: _____

Event Name: _____

Event Date: _____

Additional Information you want on poster: _____

To Register or Receive More Information Contact

Name(s): _____ Phone#(s): _____

E-mail address(es): _____ Website: _____

Please include any additional information on a separate sheet of paper

TOTAL COST of Recreational Event: \$ _____

<input type="radio"/> CHECK <input type="radio"/> MONEY ORDER		IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:													
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