

ASSOCIATION INFORMATION

rev. 4/10/03

Association Name _____

Address _____

Phone # _____ Fax _____

e-mail/website: _____

OFFICERS

Please include President, Vice President, Secretary, Treasurer, and any other pertinent position, e.g. show secretary, membership director, awards director, etc. Please indicate The Equiery contact for your association.

Name _____ Office _____ Address _____ _____ Phone _____ Fax _____ Email _____	Name _____ Office _____ Address _____ _____ Phone _____ Fax _____ Email _____
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TYPE OF ORGANIZATION:

Show & competitions

- Hunters Jumpers Dressage Combined Training Western Team Penning
 Reining Cutting Multi-Discipline Driving Other: _____

Foxchasing

- Trails:** Pleasure Competitive Endurance

Youth

- Racing:** Flat Steeplechase Harness Pony

Trail or pleasure organization

- Breed organization** (PLEASE INDICATE BREED) _____

- Trade organization** (PLEASE DESCRIBE) _____

Conservancy or Public Land Advisory Organization

(an association formed for the purpose of overseeing a piece of public park land)

- Other** (PLEASE DESCRIBE) _____

ASSOCIATION INFORMATION

Year Formed _____

Previous Year's Membership _____

National Affiliation: _____

Purpose of Organization, or Association Mission Statement:

Primary Geographic Area of Membership _____

Type of Members: Riders Horses Both

Annual Dues _____

Membership Benefits: _____

Do you offer special youth programs? If so, please describe. _____

Does your association offer breeding incentives or futurities? If so, please describe. _____

SHOW INFORMATION

Total # of Competitions this past year _____

Total Projected for upcoming year _____

Average # of Competitors/Starters/Horses per competition

of USAEq (Or other show organization, e.g. AQHA, USEA) rated shows (please indicate rating): _____

Are your competitions pointed with other associations?

If so, which ones? _____

Are your shows

Pointed for Riders

Pointed for Horses

Pointed for Both?

Do you offer cash prizes or money classes? Yes No

Year End Awards? Yes No

Types of classes offered: _____

Show Locations _____

Is your competition facility available to other

equestrian groups to lease? _____

Please Return this Form by January 10 to:

The Equiery

P.O. Box 610 • Lisbon, MD 21765

Or Fax It To: 410-489-7828

or fill it out on our website at www.equiery.com

Please attach a separate page with your upcoming show dates.