



English Dressage Approval Application

AQHA will offer approval to dressage shows which are USEF/USDF Licensed
American Quarter Horse Association, P.O. Box 200, Amarillo, TX 79168
● Phone 806-378-5083 ● Fax 806-349-6412
Overnight Mail Address: 1600 Quarter Horse Drive, Amarillo, Texas 79104

Application with fees can be submitted at any time.
However, **must be received at least 30 days prior to show date**

<i>\$50.00 (U.S. FUNDS)</i> <i>APPROVAL FEE MUST</i> <i>ACCOMPANY APPLICATION</i>	Application Date: _____
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USEF Licensee _____ USEF/USDF license number: _____

Applicant Name: _____ AQHA ID (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

USDF/USEF Show #(s) _____

If requesting to have more than one Licensed show approved over consecutive dates;
please list all shows.

Show Name _____

Show Location: _____

City: _____ State: _____ Zip: _____

Show Date: _____

Show Website: _____

Show Manager or Show Secretary:

Name: _____ AQHA ID (required): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

DISCLAIMER OF RESPONSIBILITY FOR PARTICIPANT SAFETY

AQHA does not assume responsibility for the safety of participants. As an express condition for grant of AQHA's approval of this show, show management accepts full responsibility for condition of show premises, including arena, exercise area, and spectator sections; the conduct and competence of show employees and other representatives Implementation of show activities and events; and all other aspects of this show.

INDEMNITY AGAINST LOSS

Further, show management agrees to indemnify and hold harmless AQHA from any and all liability, if any, arising to AQHA by virtue of its granting us show approval, and if AQHA is sued in court of law, to defend it at our expense, and if judgment be taken against AQHA, to pay said judgment and obtain written release in form acceptable to AQHA.

Signature: _____ Date: _____

Please submit application to:
AQHA Show Department
Attn: Show Approvals
showapproval@aqha.org

<input type="checkbox"/> CHECK	<input type="checkbox"/> MONEY ORDER	IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:	
AMERICAN EXPRESS <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	VISA <input type="checkbox"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
EXP DATE (MM/YY)		DAYTIME PHONE	
<input type="text"/>			
CARDHOLDER NAME			
<input type="text"/>		<input type="text"/>	
CARDHOLDER SIGNATURE		BILLING ZIP CODE	
DO NOT SEND CASH - U.S. FUNDS ONLY			