## APPLICATION

If your facility has already been approved, please complete this section only.

Facility Name:		
Facility Address:		
Contact Name:		Email:
I am interested in hosting :	Line show Inspection - Mar	re Inspection - Stallion Clinic
On, or	te Date mm/dd/yy	
a horse show. Proof of i appropriate) no less than 2 show manager fails to co submitted to the Show Co	insurance must be forwarded to the weeks prior to the show date. The Comply with this requirement. Addition Inmittee no later than 2 weeks after the complex of the complex	obtained proper insurance coverage for hosting the Show Committee (provincial or national as SHA reserves the right to cancel any show, if the nally, all points for sanctioned shows must be the show date. Please refer to the Show Rules & oleted form to csha@canadian-sport-horse.org
HOST FACILITY APPLICATIO  If your facility has not been applications.	<b>N</b> proved yet, please complete bot	th sections of this form.
Facilities must have the fo	ollowing to be considered e	ligible:
Fenced ring (indoor or outdoor)	Washroom facility/porta-potty	Adequate parking for cars & Trailers
Access to water for filling buckets	Warm-up ring/area fo under saddle classes	r
Check off any additional amenities that apply:		
Indoor arena	Poles/jumps	Restaurant/food truck
Stalls for rent	Class/meeting room	Spectator seating
Other (please list):		

Upon submission of this application, a CSHA Board Member will contact applicants to arrange a time to tour the facility. The CSHA Board of Directors reserves the right to deny show managers a show date based on noncompliance with requirements, unsuitable facilities or poor attendance at previously held shows. Show venues which fail to meet the appropriate criteria once obtaining a date may lose their date if attendance is poor. All show managers must be a member in good standing with CSHA and their provincial equestrian governing body for the duration of the year which their show takes place.