



AMERICAN SHETLAND PONY CLUB, INC.

American Shetland Pony Registry • American Miniature Horse Registry • American Show Pony Registry

81-B East Queenwood Road Morton Illinois 61550

Phone: 309-263-4044 Fax: 309-263-5113

www.shetlandminiature.com

NATIONAL AREA SHOW PROPOSAL

Must be submitted to the National Office by September 1st. Club/Organization must have hosted an ASPC/AMHR/ASPR sanctioned show **offering classes for all registry division** in the year preceding the National Area Show they are applying for.

Submitted By: (Organization) _____ AREA _____

Name & Date Previous Year Qualifying Show _____

Date(s) of Show (must be before August 1) _____

Show Facility: _____ City _____ State _____

Letter from facility stating availability for said date is required and must be attached to this proposal. Submitting printed information/layout in regard to show facility in consideration is encouraged.

Show Manager Name: _____ Phone: _____

The National Area Ribbons are provided by the Home Office. All ribbons are ordered by March 1st. Provide mailing address where they are to be shipped: _____

General Facility Recommendations:

Covered Facility with lighting available, if necessary, and adequate number and size of stalls.

Please submit the following information:

Arena Size: _____

Warm Up Ring and Size: _____

Measurement Area (surface type): _____

Type & Number of Stalls Available (outdoor and indoor) _____

Stall Convenience to Warm Up Ring, Show Arena and Parking: _____

Number of Wash Racks Available (outdoor/indoor): _____

Parking Availability to Show Arena and Stabling: _____



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PAGE 2 NATIONAL AREA SHOW PROPOSAL Name of Organization: _____

Facility Recommendations Continued:

Lighting Available for Evening Classes: YES _____ NO _____

If yes, Available in: ARENA _____ Warm Up Ring _____ Outside/Other _____

Public Address System - audible in all areas of the facility that will be used for this show:

YES _____ NO _____

Restrooms/Shower Facilities Available (Hot/Cold Water): YES _____ NO _____

If Yes, what type: Multiple Facilities _____ Single Facility _____

Restaurants/Food Concessions: YES _____ NO _____

If Yes, Business Hours: _____

RV/Camper Hook Ups, (water, electric, sewage): YES _____ NO _____

Veterinarian, Blacksmith, Doctor/EMT, Ambulance Availability: YES _____ NO _____

Motels Available within 15 miles of the show grounds: YES _____ NO _____

Liability Insurance (coverage of minimum of \$1,000,000 during rental period): YES _____

Company Insuring Event: _____

Other Special Amenities that your management/facility can offer:

CONTACT INFORMATION - Name: _____

Phone: _____ Email: _____

NOTE: Each National Area Show Shall Follow the Rules Described in the ASPC/AMHR/ASPR Rulebook, Section XVI, Part 1.1