Renewal Show Host Application Form For Glass Ed Sanctioning Show

This application will be given every consideration, but its receipt does not imply that the applicant will be granted a show date. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL INFORMATION

All Returning Show Hosts Must Complete This Section

Name:	_	Phone:					
		Email:					
Requested Show Date:							
New Show Host:	☐ Yes ☐ No						
Returning Active Show Ho	st: □ Yes □ No	Hosting shows actively with GLASS-ED sin	nce:				
Returning Inactive Show H Contact Address:	ost: 🗌 Yes 🗌 No	Last year of show hosted with GLASS-ED:	:				
	Street	City	State	Ziŗ			
Show Address:							
	Street	City	State	Zip			
Do you own the show faci	ity: □ Yes □ No	Do you lease the show facil	ity: □ Yes □	No			
Do you have active equine	liability insurance:	Yes List Provider & Policy #:					
Have you ever been dismis	ssed for misconduct by	any show organization or been listed on th	e USEF Suspen	sion			
List: ☐ Yes ☐ No	If yes, list the state, loo	cation, date, and disposition:					
(NOTE: A dismissal for misconduct of	or suspension will not necessarily	y disqualify you from hosting a show.)					
Are you an active membe	r of any Dressage Organ	nizations? \square Yes \square No If yes, please list: _					
	SI	HOW FACILITY					
Do you plan to hold the co	mpetition in: \square One a	rena on one day \square Two (or more) arenas	on one day				
☐ One arena over two d	ays 🗆 Other:						
Please make note of any c	hanges in the following	areas since your last Glass Ed Show:					

Show Arenas
Warm Up Areas:
Lunging Area:
Arena Maintenance:
Stabling:
Parking:
Camping:
Restroom Facilities:
Show Office
Volunteers:
Vendors:
Concessions:
Spectator Seating:
Announcements/Sound System:
Any Additional Information About Your Facility:

GLASS-ED SHOW HOSTING ACKNOWLEDGEMENT

I certify that my answers to the foregoing questions are true without any omissions of any kind. I understand that if I have provided any false or misleading information that I may not be allowed to host a show. I authorize the organization to contact any company or individual it deems appropriate to investigate my background in horses, character, show hosting history, and qualifications. I give my full consent to their revealing any and all information they wish and waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that if I am granted a show date, I will abide by all the rules and regulations of the organization. I understand that the Continuation of being granted show dates may be altered at any time for rules misconduct and defamation of the organization. I further understand that no one on the board is authorized to enter into any specialized written agreements or verbal contracts without the express written consent of the organization President or Vice President. I also understand that my facility must meet the expectations of the Organization's show hosting guidelines and that I may need to make changes or improvements to host a show or continue hosting show in the future.

Signature:						Date:			
			FOR OFFICE USE	ONLY					
Application Received On:	/	/	Approved On:	/	1	Not Approved:	1	/	