APPLICATION FOR
AMHA REGIONAL SHOW STATUS

Name of Show:_____

USEF License Number:_____*(must be USEF Regular License)*

Competition Year:_____ Show Dates:_____

*Previous Year Show Dates:_____

**(If no show was held the previous year, please indicate the most recent year held and include statistics for that show instead.)*

Show Management Information

Chairman (Name):_____

Address:_____

City:_____ State: _____ Zip:_____

Phone:_____ Email:_____

Manager (Name):_____

Address:_____

City:_____ State: _____ Zip:_____

Phone:_____ Email:_____

Treasurer (Name):_____

Address:_____

City:_____ State: _____ Zip:_____

Phone:_____ Email:_____

Show Grounds Information

Facility Name:_____

Seating Capacity: _____ Description:_____

Stabling: Number of Stalls:_____ Size of Stalls:_____

Description:_____

Competition Rings: Number: _____ Description:_____

Ring Size:_____ _____ _____ _____

Warmup Areas: Number: _____ Description:_____

Ring Size:_____ _____ _____ _____

Previous Year's Show Information

Was the show USEF Licensed? Yes/Regular☐ Yes/Lite☐ No☐

Were all judges USEF licensed/approved? Yes☐ No☐

Did you apply for Regional Show status? Yes☐ No☐

Did your show the previous year hold the following qualifying and championship classes? (Please check all that were held)

Division / Classes	Yes or No
In-Hand Division ☐ Stallions ☐ Geldings ☐ Mares	Y ☐ N ☐
Classic Pleasure Driving ☐ Open ☐ Other: _____	Y ☐ N ☐
Classic Pleasure Saddle ☐ Open ☐ Other: _____	Y ☐ N ☐
English Pleasure ☐ Open ☐ Junior Horse ☐ Amateur ☐ Ladies ☐ Junior Exhibitor ☐ Other: _____	Y ☐ N ☐
Hunter Pleasure ☐ Open ☐ Junior Horse ☐ Amateur ☐ Ladies ☐ Junior Exhibitor ☐ Other: _____	Y ☐ N ☐
Park Harness ☐ Open ☐ Other: _____	Y ☐ N ☐
Park Saddle ☐ Open ☐ Other: _____	Y ☐ N ☐
Pleasure Driving ☐ Open ☐ Junior Horse ☐ Amateur ☐ Ladies ☐ Junior Exhibitor ☐ Other: _____	Y ☐ N ☐
Western Pleasure ☐ Open ☐ Junior Horse ☐ Amateur ☐ Ladies ☐ Junior Exhibitor ☐ Other: _____	Y ☐ N ☐
Equitation ☐ Hunter Seat ☐ Saddle Seat ☐ Western Seat	Y ☐ N ☐
AMHA Silver Medal Classes *(at least three of the following)* ☐ Dressage Seat ☐ Hunter Seat on the Flat ☐ Hunter Seat Over Fences ☐ Saddle Seat ☐ Reining Seat ☐ Western Seat	Y ☐ N ☐
Dressage ☐ Intro ☐ Training ☐ First Level	Y ☐ N ☐
Western Dressage ☐ Intro ☐ Basic ☐ Level 1	Y ☐ N ☐
Recommended/Other Classes Held (*check all that apply*)	
Carriage	Y ☐ N ☐
Other Breed Classes	Y ☐ N ☐
Sport Horse Classes ☐ In-Hand ☐ Under Saddle	Y ☐ N ☐

Did you tie placings through 8th in all classes? Yes☐ No☐
Did you provide ribbons through 8th place in each class? Yes☐ No☐
Did you provide ribbons through 6th place in each class? Yes☐ No☐

Number of horses on which USEF drug fees were paid (previous year) _____
Number of horses on which USEF drug fees were paid (2 years previous)_____

Is your previous year's prize list attached? Yes☐ No☐
Is your list of class changes for the previous year attached? Yes☐ No☐
Did your entry blank include a request for current AMHA membership numbers for each owner, lessee, exhibitor, handler, and trainer? Yes☐ No☐
Is your previous year's entry blank attached? Yes☐ No☐

Request for Exemption
For this application year, is the show requesting an exemption for specific classes or divisions? *See "Requirements Section" - #10 on Page 5 for details.*
☐ Yes ***(If "yes," Request for Exemption form must be attached)***
☐ No

Application completed by:_____
Title:_____Date:_____
Address:_____
City:_____ State: _____ Zip:_____
Phone:_____Email:_____

This form must reach the AMHA Office by October 31

Mailing address:
AMHA – Regional Shows
4037 Iron Works Pkwy Ste 130
Lexington, KY 40511-8508

Email: execdir@morganhorse.com

Fax: (859) 287-3555

Remember to save your form to the computer before filling it out so your data is saved.