

ASPC/AMHR/ASPR NATIONAL AREA SHOW PROPOSAL

MUST BE SUBMITTED TO NATIONAL OFFICE BY SEPTEMBER 1 for the ASPC/AMHR National Area Show.
Club/Organization must have hosted an ASPC/AMHR/ASPR sanctioned show offering classes for all Registry Divisions in the year preceding the National Area Show they are applying for.

Submitted by: _____ **AREA** _____
Organization Name

NAME & DATE of Qualifying Show held in Previous Year (Show must have been rated for all Divisions ASPC (Classic, Foundation, and Modern & Modern Pleasure) /AMHR/ASPR
Name _____ **DATE** _____

DATE OF SHOW: _____ (MUST BE BEFORE AUGUST 1)

SHOW FACILITY
NAME _____ City _____ State _____

(Letter from facility stating that it is available for said date will be required as an attachment to this proposal. Submitting printed graphics/information in regard to the show facility you are considering using is encouraged.)

SHOW MANAGER NAME: _____

The National Area Ribbons are provided by the Home Office, All ribbons are ordered by March 1st. Write address where you would like them mailed to:

General Show Facility recommendation:

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 & NUBMER OF STALLS AVAILABLE :(Outdoor or 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: _____

Page 2 NATIONAL AREA SHOW PROPOSAL Name of Organization_____

LIGHTING AVAILABLE FOR EVENING CLASSES: YES_____ NO_____

Available in: ARENA_____ Warm Up Ring_____ Outside/Other_____

PUBLIC ADDRESS SYTEM AVAILABLE THAT IS AUDIBLE IN ALL AREAS OF FACILITY THAT WILL BE USED FOR THIS SHOW YES_____ NO_____

RESTROOMS/SHOWER FACILITIES (HOT/COLD WATER) AVAILABLE: YES_____ NO_____

Multiple Facilities YES_____ NO_____ Single Facility YES _____ NO_____

RESTAURANTS/FOOD CONCESSIONS (HOURS OF OPERATION): YES_____ NO_____

HOURS OPEN _____

RV/CAMPER HOOK-UPS; WATER, ELECTRIC SEWAGE: YES_____ NO_____

VETERINARIAN, BLACKSMITH, DOCTOR/EMT, AMBULANCE AVAILABLITY: YES___NO___

MOTELS AVAILABLE WITH IN 15 MILES OF THE SHOW GROUNDS: YES_____ NO_____

LIABILITY INSURANCE (COVERAGE OF A 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_____

EACH NATIONAL AREA SHOW SHALL FOLLOW THE RULES DESCRIBED IN THE ASPC/AMHR/ASPR RULEBOOK,
SECTION XVI, PART 1.1