

APPLICATION FOR I.D.S SHOW APPROVAL

Note: This application will only be considered by the I.D.S. Board when remitted completed, with the approval fee required.

Please complete the following:

Show Name: _____ Date Requested: _____

Show facility & Location: _____

Show Contact: _____ (Must be a current IDS Member)

Address: _____

Email: _____ Phone: _____

Show Manager: _____ Phone: _____ Email: _____

Show Secretary: _____ Phone _____ Email: _____

Rating requested: (1) _____ (2) _____

Other Sanctioning Bodies (ie: , USEF, KDA, etc.) _____

Technical Delegates or I.D.S. T.A. _____

Judge(s): (give name and rating) _____

Arena: (Size and Footing) _____

Type of Stabling: (if offered) _____

Classes offered: _____

Opening Date: _____ Closing Date: _____

Do you request:

IDS mailing list? Format: Excel Spreadsheet Printed Labels Other _____

If the answer is yes, what date will you need these materials? (Please allow 2 weeks lead time) _____

Please sign the form, return along with a sanctioning fee of \$25.00 payable to the Indiana Dressage Society

To:

Katherine Duff
10283 Franklin Road
Hagerstown, IN 47346
765-489-4265
k.duff2@verizon.net

Signature: _____ Date: _____