**  
Affiliation of SPORT EVENT & Sport classes in 2023**

**Name of event**  
NF accepted: YES: NO Competition Nr ……………………………….  
ECAHO Member accepted: YES: NO Name of ECAHO Member: .........................................  
**Country**: ……………………………………………………………

Indoor: YES: NO: Size of the arena/s (W/L):………….…….Number of stables: SOLID: TENT:

**Date of Event**: ……………………...……………   
Name & License of Judges: ECAHO & Intern & Nat Austrian: …….………………………….....................................................................................

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CATEGORIES,** ECAHO GREEN BOOK/NF /FEI/, please tick level | | Novice | Advanced | Master | | NCh |
| Trail Western |  |  |  |  |  | |
| |  |  |  | | --- | --- | --- | | Trailcl |  |  |   Reining |  |  |  |  |  | |
| Dressage |  |  |  |  |  | |
| Show Jumping |  |  |  |  |  | |
| Western Pleasure |  |  |  |  |  | |
| Classic Pleasure |  |  |  |  |  | |
| Traditional Arabian Riding w |  |  |  |  |  | |
| Traditional Arabian Riding cl |  |  |  |  |  | |
| Ladies Side Saddle w & cl |  |  |  |  |  | |
| Hunter Pleasure Pleasure |  |  |  |  |  | |
| Ranch Riding |  |  |  |  |  | |
| Others (please state): | |  |  |  |  | |

**Handtrail N & A, Show riding, Horsemanship Cl & w, Children on Lead........................................................................................................................................................................................................**

**Name, address, e mail, telephonnumber of the responsible organizer: (clear Block letters)**

………………………………………………………………………………………………………….....

tel.: …………………………………….…… e mail: ……………………………………………………

website: …………………....  
The undersigned herewith explicitly agrees to accept all currently applicable rules, regulations, decisions and the jurisdiction of ECAHO, especially “Green Book 2023”, and pledges to apply and enforce them. The undersigned further accepts without restriction the currently applicable status, regulations and jurisdiction of ECAHO. The undersigned herewith confirms to provide event insurance coverage, covering any and all indemnity and/or liability in connection with the conduct of the event. (ECAHO assumes no indemnity and/or liability in connection with the event).

Date and Signature with name in BLOCK letters:...........................................................................................

**Approofed by ECAHO member for National Championships Sport :   
Signature & seal…………………………………………………………………..**

**Please attach proposal of the Schedule which must be approved by the EAHSpC.   
Events not approved by EAHSpC cannot be counted in the High Point Horse of the Year.**

**Accepted by ECAHO SpC:**

**Event number: .................................. Date and Signature:............................................................................................**

**Affiliations are to be sent as soon as possible / results during four weeks, to the following address:**Chairman of the Sport Commission (ECAHO SpC), Elisabeth Chat, Grub 100, A-2392 Wienerwald, Austria  
tel.: +43 2258 8246, e-mail: [info@chat-horses.at](mailto:info@chat-horses.at) with copy to ECAHO Office ([zuzana.slavikova@ecaho.org](mailto:zuzana.slavikova@ecaho.org))