



## Affiliation of SPORT EVENT in 2021

Name of event:.....

NF accepted: YES  NO

Competition Nr:

ECAHO Member accepted: YES  NO

Name of ECAHO Member:

Venue: ..... Country: .....

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

Date of Event: .....

Name of Judges: ..... License of Judges: .....

**CATEGORIES**, ECAHO GREEN BOOK/NF /FEI/AHA rules, please tick level

Novice      Advanced      Master

Trail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Show Jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Western Pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classic Pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hunter Pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ranch Riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Arabian Riding Western	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Arabian Riding Classic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies Side Saddle Western	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies Side Saddle Classic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Name and address of the responsible organizer: (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 2019", 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: .....

**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 EAHSpC:**

**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 (EAHSpC), 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 ([office@ecaho.org](mailto:office@ecaho.org))