



2009

Rocky Mountain Dressage Society
Application For Recognition/Sanction \$50.00
ONE EVENT PER FORM, PLEASE!!!

I Need RMDS To: RECOGNIZE: _____ DATES: _____ TD Report: _____
(Office Use Only)
SHOW: _____ CLINIC: _____ EVENT: _____ Ins. Rcv'd: _____
(Office Use Only)
Show Recognition: USEF Number: _____ USDF Number: _____ RMDS Number: _____
(Office Use Only)

Name Of Show/Clinic/Event: _____

Location of Show/Clinic/Event: _____

Street Address (MANDATORY): NO PO BOX!! _____

City/State/Zip (MANDATORY): _____

Primary Contact: _____ Is this Chapter Sponsored? Yes _____ No _____
(Need to contact throughout season with show information and for next year)

Street Address: _____ **E-Mail:** _____

City/State/Zip: _____ Phone (Home): _____

JUDGE (S): _____ JUDGE (S): _____

JUDGE (S): _____ TD: _____

The show manager and the show secretary must be current members of RMDS.

To avoid duplicating judges, please ask if they have any other COLORADO commitments!!

RECOGNITION/SANCTION FEES: (MAKE CHECK PAYABLE TO RMDS)

RECOGNITION FEES: \$50.00/EVENT \$ _____ CHECK NUM: _____ DATE REC'D: _____

I would like to support RMDS by donating 1 class and 1 office fee. (This is going to be part of a fundraiser raffle to be held at the BOG November 2008 for the 2009 show season.)

I/WE HAVE READ THE RMDS STANDING RULES REGARDING RECOGNITION/SANCTIONING OF SHOWS/EVENTS/CLINICS AND CONDUCT, AND AGREE TO FOLLOW THE RULES THEREIN. I/WE UNDERSTAND THAT IF ANY OF THE RULES ARE NOT FOLLOWED, FINES MAY BE ASSESSED, AND/OR FUTURE SHOWS/CLINICS/EVENTS MAY NOT BE RECOGNIZED.

It is the responsibility of the event manager to provide the RMDS Central Office with a certificate of insurance per the current standing rules.

MANAGER/ORGANIZER: _____ DATE: _____

Traditional dates will be held until November 1st of the current show year. Applications sent in AFTER the BOG meeting will be approved first-postmarked. Please see the attached memo for information regarding the required insurance coverage. PLEASE ADVISE ME OF ANY CHANGES AS SOON AS POSSIBLE.

SEND COMPLETED APPLICATIONS-FEES-INSURANCE CERTIFICATES TO:
RMDS Central Office - 2942 Park Lake Drive - Boulder, CO 80301 - Fax & Phone: 720-890-7825