



# Rocky Mountain Dressage Society

Application For Recognition/Sanction **\$50.00**

**ONE EVENT PER FORM, PLEASE!!!**

DATE OF SHOW/S: \_\_\_\_\_

TD Report: \_\_\_\_\_  
(Office Use Only)

SHOW: \_\_\_\_\_ CLINIC: \_\_\_\_\_

Ins. Rcv'd: \_\_\_\_\_  
(Office Use Only)

Show Recognition: \_\_\_\_\_ USEF Number: \_\_\_\_\_ USDF Number: \_\_\_\_\_

RMDS Number: \_\_\_\_\_  
(Office Use Only)

Name Of Show/Clinic/Event: \_\_\_\_\_ USEF Level \_\_\_\_\_

Location of Show/Clinic/Event: \_\_\_\_\_

Street Address (MANDATORY): \_\_\_\_\_

City/State/Zip (MANDATORY): \_\_\_\_\_

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

Street Address: \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

JUDGE (S): \_\_\_\_\_ Website: \_\_\_\_\_

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 FEES: (MAKE CHECK PAYABLE TO RMDS) or pay online at: <http://www.rmids.org/Main/Payment>**

RECOGNITION FEES: \$50.00/SHOW \$ \_\_\_\_\_ 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 to be held at the Awards Banquet January 13, 2018 for the 2018 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 1<sup>st</sup> of the current show year. AFTER the BOG meeting shows will be approved by first-postmarked. Please see the attached memo for information regarding the required insurance coverage. PLEASE ADVISE CENTRAL OFFICE OF ANY CHANGES AS SOON AS POSSIBLE.

**SEND COMPLETED APPLICATIONS-FEES-INSURANCE CERTIFICATES TO:**

**RMDS Central Office - 2942 Park Lake Drive - Boulder, CO 80301 - Phone: 720-890-7825 - [rmids@rmids.org](mailto:rmids@rmids.org)**