



APPLICATION TO HOST AN EVENT

HORSE ARCHERY USA

FOR AN EVENT TO BE CONSIDERED, BOTH THE APPLICATION TO HOST AN EVENT AND THE EVENT COORDINATOR AGREEMENT MUST BE COMPETED, SIGNED, AND RETURNED TO HAUSA AT LEAST 60 DAYS PRIOR TO THE EVENT.

Name of Event: _____

Date(s) of Event: _____

Event Website: _____

Name of Event Venue: _____

Physical Address of Event Venue: _____

Type of Status Requesting:

_____ **APPROVED EVENT**

(Covered under HAUSA's Insurance Policy, listed on Events Calendar)

_____ **RECOGNIZED EVENT**

*(Covered under HAUSA's Insurance Policy, Listed as **featured** event on website, Participants eligible to earn points towards Year End Awards, Interview required to discuss higher standards for this type of event)*

Is this a public venue or private facility? _____ Are spectators permitted? _____

Anticipated # of COMPETITORS: _____ Estimated # of VOLUNTEERS: _____

Name & Address of Owners of Property, Facility, or Corporation to be added as Additionally Insured?

(ONLY REQUEST THIS IF NEEDED, otherwise Proof of Insurance can be provided to the landowner by HAUSA):

Affiliate Club: _____ Email: _____

Event Coordinator's Name: _____ Phone #: _____

Address: _____

List name, age, and equestrian/archery experience of the event coordinator and other members who will take an active part in managing the event: _____

Alternate Contact Person for Event: _____

Phone #: _____ Email: _____

ENTRIES & FEES:

Entry Fee(s): \$ _____ Includes: _____

Deposit: _____ Deposit Due By: _____

Payment Methods *(include who to make checks payable to, PayPal address if applicable):* _____

Additional Options & Fees *(ie: stabling, camping):* _____

Refund Policy: _____

Late Entries/Waiting List Policy: _____

MAIL ENTRIES TO:

Name: _____

Address: _____

Phone #: _____ Email: _____

RULES AND REGULATIONS:

THIS COMPETITION HEREIN WHICH IS COVERED BY THE RULES AND SPECIFICATIONS OF THE CURRENT HAUSA RULES & REGULATIONS AND WILL BE CONDUCTED AND SCORED IN ACCORDANCE THEREWITH.

Any rules specific to your competition or venue? (*ie: property owners require helmets, no dogs allowed, etc.*):

Levels/Divisions offered: ___ W/T NOVICE ___ W/T INTERMEDIATE ___ W/T ADVANCED ___ W/T MASTERS
___ CANTER NOVICE ___ CANTER INT ___ CANTER ADV ___ CANTER MASTERS

HORSES:

Are there safe, trained archery horses available to rent/borrow/share? Details: _____

Any incentives for those willing to share their horse with another competitor? Details: _____

*Equine Health Requirements: **PROOF OF CURRENT NEGATIVE COGGINS IS REQUIRED.** Most states require a health certificate when traveling across state lines, so check with your veterinarian at least 30 days prior to the event!*

STABLING:

Are there stalls or paddocks available to rent? How many and what is the fee? _____

Describe stabling arrangements (*size, footing, materials used, shavings provided or not*): _____

VENUE/FACILITY:

Describe the venue, including footing and size of the competition and warm-up areas: _____

EQUIPMENT & SAFETY:

Additional equipment suggested/required for this specific event that participants should be aware of:

FOOD & LODGING:

Will food be provided or available on site? _____

Is there camping available on site? (ie: RV-hookups, tent/primitive): _____

Recommended hotels/lodging nearby: _____

Facilities or other amenities available (ie: restrooms, showers, water for horses, trailer-tie permitted): _____

AWARDS:

List awards that will be presented (if prize money offered, include payment policy): _____

OFFICIALS:

HAUSA requires that a Veterinarian, Farrier, and Paramedic/EMT/First Responder be ON-CALL during the competition in case of an emergency. Names and phone numbers MUST be posted in highly visible area for the entirety of the event.

EMT/Paramedic: _____ Phone #: _____

Veterinarian: _____ Phone #: _____

Farrier: _____ Phone #: _____

COURSES:

List the courses you are offering at this event (note: if you have chosen courses that are NOT listed on the HAUSA or IHAA websites as standard courses, you must get approval from HAUSA): _____

SCHEDULE:

Tentative Schedule (ie: check-in time, meals, activities, lunch break, etc.): _____

FOR OFFICE USE ONLY:	APPROVED EVENT _____	RECOGNIZED EVENT _____
DATE: _____	BY: _____	
INSURANCE CONFIRMATION DATE: _____	BY: _____	
COMPETITION RESULTS & INFO RECEIVED FROM EC: _____		
NOTES: _____		