

ECTRA SANCTIONING APPLICATION

PRINT LEGIBLY (You can type & tab to next field in form)

Use a separate form for each event or distance

Return all forms & fees at least 2 months prior to event.

MAIL TO: Joan Stratemeyer,,ECTRA

PO Box 489

Langdon, NH 03602

603-835-2423, 6AM-9PM

EVENT NAME _____ MILEAGE: _____

(List event name exactly as you wish it to appear in the Newsletter)

EVENT DATE(S): _____ MAX # HORSES EXPECTED: _____

EVENT LOCATION (town & state) _____ NEAREST BIG TOWN: _____

EVENT TYPE Competitive Ride Competitive Drive Endurance Ride
 Comp Ride Cliniiic Comp Drive Clinic Endurance Clinic or LD

EVENT LENGTH (count competition days only) 1 day 2 days 3 days more (please list) _____

NEWSLETTER CONTACT manger secretary (if no name is checked, secretary will be listed)

MANAGER: _____

ADDRESS: _____

CITY, ST, ZIP: _____

PHONE: _____

FAX: _____

E-MAIL: _____

(all correspondence will be sent to the secretary unless otherwise requested)

SECRETARY: _____

ADDRESS: _____

CITY,ST,ZIP: _____

PHONE: _____

FAX: _____

E-MAIL: _____

JUDGES (for competitive) or **VETS** (for endurance)

NAME: _____

ADDRESS: _____

CITY, ST, ZIP: _____

PHONE _____

E-MAIL: _____

NAME: _____

ADDRESS: _____

CITY, ST, ZIP: _____

PHONE: _____

E-MAIL: _____

Check here if additional judges or vets are listed on the back

FEES DUE WITH SANCTIONING APPLICATION

SANCTION FEE: \$35 per competitive ride. No charge for clinics (whether ride or drive)
\$45 flat rate Endurance rides. Event may consist of one or more distances held on one day or consecutive days.
\$35 for 1st drive. No charge if drive is held with a ride or another drive.
\$10 for a drive held on same weekend (different day) as a ride. \$ _____

INSURANCE FEE: ALL EVENTS MUST HAVE AT LEAST \$1,000,000 OF LIABILITY COVERAGE
ENDURANCE RIDES MUST GET THEIR OWN COVERAGE & NAME ECTRA
 Competitive only – We wish to use ECTRA's insurance at \$55 per day \$ _____
 Endurance or Competitive – We have our own coverage & will name ECTRA as additional insured

DRUG TEST FEE: **COMPETITIVE ONLY**
Competitive rides & drives: \$1 per starting horse. \$30 flat fee for new CTR's \$ _____
No charge for clinics, new drives, additional distances on new CTR's or new distance added to old CTR's

MAKE CHECKS PAYABLE TO "ECTRA" Check# _____ TOTAL \$ _____

MANAGER MUST READ AND SIGN BELOW OR APPLICATION WILL BE REJECTED:

As event manager, I represent that I have read and fully understand the most current ECTRA handbook, or update, and I agreed to abide by and enforce all such applicable rules.

MANAGER NAME: _____ DATE: _____

Additional Vets for endurance rides:

NAME: _____
ADDRESS: _____
CITY, ST, ZIP: _____

PHONE _____
E-MAIL: _____

NAME: _____
ADDRESS: _____
CITY, ST, ZIP: _____

PHONE _____
E-MAIL: _____

NAME: _____
ADDRESS: _____
CITY, ST, ZIP: _____

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CITY, ST, ZIP: _____

PHONE: _____
E-MAIL: _____