



**American Warmblood Registry
North American Sportpony Registry**

P.O. Box 1332 DeLeon Springs FL 32130
Phone (561) 693 5516

info@americanwarmblood.com www.americanwarmblood.com
info@americansportpony.com www.northamericansportponies.com



AWR/NASPR Site Host Questionnaire

Please complete the following with as much detail as possible. If you have any questions, feel free to contact the office for further instructions. Applications received by March 1st of the current year have preference for reserving a site.

No sites will be considered without a completed application on file!!

Name: _____

Address: _____

E-mail address: _____ Web Site: _____

Phone: _____ Fax: _____ Mobile: _____

Site Facilities

Site name: _____ Location: _____

Nearest Major City: _____

Distance from Airport to facility: _____

Number of stalls available for inspection candidates: ____ Number of stalls suitable for stallions: ____

Stabling information: (include fees, whether shavings and/ or mucking are included, refund policy, who to make checks payable to);

Health requirements:

Please describe arena facilities (areas must be available for showing horses on hard ground, at liberty, and under saddle. If stallions are to be inspected, a jumping chute is also mandatory. Call for further explanation of these requirements):



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Services available will include (check those that apply and provide any detail(s))

- ___ Veterinarian on call
___ Blacksmith on call
___ Professional handler
___ Photographer on site
___ Braider available

PLEASE REMEMBER A FORGE WILL BE REQUIRED FOR THE HEATING OF THE BRANDING IRON!
PHOTOGRAPHS OF THE SITE CHAMPION AND RESERVE CHAMPION MUST BE SUBMITTED TO THE OFFICE
AFTER THE INSPECTION!

Other (check those that apply and provide any details)

- ___ No dogs on grounds ___ All dogs must be leashed
___ Rest rooms available on site ___ No overnight stabling available
___ No Stallions ___ Limited entries
___ Ample parking available ___ Limited parking available
___ Bring your own chairs, seating is limited
___ Food will be available
___ All attendees and spectators will be required to sign a waiver of liability

Please list any additional requirements or comments that should be included

Are there motel/ restaurant accommodations nearby this prospective site? ___ YES ___ NO

Name of accommodation: ___ City: ___

Distance from site: ___ miles Room rates in Sept. \$ __, __ Oct. \$ __, __ Nov. \$ __, __

Site hosts are responsible for arranging transportation for the inspection team and their luggage.
The team will consist of one or two individuals.

By signing this application, I am agreeing to the above conditions if my location is chosen as an
Inspection Site.

Signature: ___ Name printed: ___ Date: ___

Deposit of: \$500 USD by April 1; rest payment by June 1st.

Host/Hostess is responsible for payment of the judges team motel/hotel reservations

Payment method: ___ Check (enclosed) ___ Money order (enclosed) ___ VISA ___ M/C

Credit Card Number: ___

Expiration date: ___ / ___ 3-digit sec.code: ___

Name as it appears on card (please print clearly): ___

Signature Date: ___ / ___