



**American Warmblood Registry  
North American Sportpony Registry**

P.O. Box 1332 DeLeon Springs FL 32130  
Fax (775) 667 0516 Phone (561) 693 5516  
info@americanwarmblood.com www.americanwarmblood.com  
info@americansportpony.com www.northamericansportponies.com



# 2016 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 1, 2015 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):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



American Warmblood Registry
North American Sportpony Registry

P.O. Box 1332 DeLeon Springs FL 32130
Fax (775) 667 0516 Phone (561) 693 5516
info@americanwarmblood.com www.americanwarmblood.com
info@americansportpony.com www.northamericansportponies.com



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 1
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: \_\_\_ / \_\_\_