



**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



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
- Rest rooms available on site
- No Stallions
- Ample 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
- All dogs must be leashed
- No overnight stabling available
- Limited entries
- Limited parking available

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: _____ / _____