



HERITAGE DESIGNATION COMPETITION APPLICATION

COMPETITION NAME: _____ COMPETITION ID: _____

LICENSEE NAME: _____ EMAIL/TEL: _____

COMPETITION MGR. _____ EMAIL/TEL: _____

1. THE DATE AND LOCATION WHEN THIS COMPETITION WAS FIRST HELD?

Date(s): _____ Location: _____

2. HAS THE COMPETITION BEEN RECOGNIZED [USEF/USAE/AHSA] EACH YEAR SINCE IT WAS FIRST HELD? IF NOT RECOGNIZED, PLEASE PROVIDE:

Unrecognized: _____ Reason: _____

Unrecognized: _____ Reason: _____

Unrecognized: _____ Reason: _____

3. ARE THERE ANY YEARS WHEN THE COMPETITION WAS NOT HELD? IF SO, PLEASE PROVIDE.

Year: _____ Reason: _____

Year: _____ Reason: _____

Year: _____ Reason: _____

4. HAS THE LICENSEE (RESPONSIBLE PARTY) FOR THE COMPETITION CHANGED? IF SO, PLEASE PROVIDE.

Year(s): _____ Responsible party: _____

Year(s): _____ Responsible party: _____

Year(s): _____ Responsible party: _____

5. HAS THE NAME OF THE COMPETITION CHANGED? IF SO, PLEASE PROVIDE.

Year(s): _____ Name used: _____

Year(s): _____ Name used: _____

Year(s): _____ Name used: _____

6. HAS THE LOCATION OF THE COMPETITION CHANGED? IF SO, PLEASE PROVIDE.

Year(s): _____ Location: _____

Year(s): _____ Location: _____

Year(s): _____ Location: _____

7. WHAT ARE THE LARGEST TWO DIVISIONS OF THE COMPETITION DURING THE MOST RECENT TWO (2) YEARS OF THIS COMPETITION?

LARGEST DIVISION?

SECOND LARGEST DIVISION?

Name: _____ Name: _____

Number of entries: _____ Number of Entries: _____

Most recent year: _____ Most recent year: _____

Prior year: _____ Prior year: _____

IN ORDER FOR A COMPETITION TO BE CONSIDERED FOR THE "HERITAGE" DESIGNATION THE COMPETITION MUST DEMONSTRATE

SHOULD YOU NEED ADDITIONAL SPACE PLEASE ATTACH PAGES REQUIRED

1. THAT THE COMPETITION HAS SIGNIFICANT INVOLVEMENT AND SUPPORT FROM THE COMMUNITY WHERE THE COMPETITION IS HELD.

(Response to this question should include names and contacts for organizations in the community that have been involved with or benefited from the competition, and the number of years of involvement or benefit. Letters from community leaders or organizations acknowledging the impact of the competition on the Community may be included. Other information that you wish to have considered in regard to the Community should be provided)

2. THAT THE COMPETITION HAS MADE A SIGNIFICANT CONTRIBUTION TO/PROMOTION OF THE SPORT OF EQUESTRIAN.

(Response to this question should include specific information to demonstrate "outreach" beyond those participating in the competitions such as number of paid admissions, television or other broadcast of the competition, promotional material distributions etc. Other information that you want considered in regard to the Promotional activities of the competition should be provided)

3. THAT THE COMPETITION IS WIDELY RECOGNIZED WITHIN THE SPORT OF EQUESTRIAN AS BEING A NATIONAL OR INTERNATIONAL LEVEL OF COMPETITION, OR POSSESSING OTHER CHARACTERISTICS THAT MAKE IT UNIQUE WITHIN THE SPORT OF EQUESTRIAN.

(Response to this question should include names and contacts for organizations or individuals in the Sport of Equestrian that have been involved with or benefited from the competition. Please briefly indicate the nature of their relationship with the Competition. Has the competition received any recognition of the competition within the Equestrian Community? Indicate if the competition is providing advanced levels of competition, and/or achieving "Premier" status for the competition as a result of the quality and consistency of the competition over a number of years. Other information relating to the unique qualities of the competition that you want considered should be provided)

INDIVIDUAL COMPLETING APPLICATION

NAME: _____ USEF MEMBER # _____

MAILING ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

PLEASE LIST ANY ADDITIONAL MATERIALS THAT YOU ARE PROVIDING FOR CONSIDERATION BY THOSE RESPONSIBLE FOR APPROVAL OF THIS REQUEST

ATTACHMENTS: _____

ATTACHMENTS: _____

1. APPROVAL BY UNITED STATES EQUESTRIAN FEDERATION AFFILIATE PRIMARILY REPRESENTED BY THE COMPETITION.

NAME OF PRIMARY USEF AFFILIATE: _____

AFFILIATE APPROVED: YES NO

Please list below the facts, data, and information upon which this recommendation is based and details as to why the recommendation was given. Additionally, please including any supporting materials for this application:

SIGNATURE: _____

2. APPROVAL OF THE UNITED STATES EQUESTRIAN FEDERATION CEO

APPROVED: YES NO

SIGNATURE: _____