

# Shire Alternative Competition Horse Nomination Application

**Year of Enrolment:** \_\_\_\_\_ **ASHA Membership Number:** \_\_\_\_\_

**Recorded Owner of Horse(s):** \_\_\_\_\_

**Recorded Owner's Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/ Province:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**How did you hear of the ASHA/SAC?**    Friend    Web Site    Trade Show    Advertisement    Other

<u>Registered Name of Horse</u>	<u>Registration Number</u>	<u>Full Shire</u>	<u>Shire Sport Horse</u>	<u>Copy of Papers Included</u>
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				

**SAC Fees: Make** Payment to SAC Program in Check , Money Order. Please send payment with your SAC forms. SAC will record payment history with the nomination form. Contact us for Pay Pal

- \_\_\_\_\_ **\$30 One Horse**
- \_\_\_\_\_ **\$50 Two Horses**
- \_\_\_\_\_ **\$75 Three Horses**
- \_\_\_\_\_ **\$ 100 Four Horses**
- \_\_\_\_\_ **\$ 120 Five or more Horses**

- **Must be a current member of ASHA.**
- **Horse must be entered in program by listed owner on registration papers.**
- **Please contact ASHA Secretary or Web Site if you need a transfer of ownership or membership.**

*I understand and agree to the rules of the ASHA and the SAC Program as defined in the show guidelines. Further, I understand that I must have the SAC enrollment form in each year prior to competing in any approved SAC event.*

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please Return All Paperwork to:  
**Shire Alternative Competition Program**  
 C/O SAC Secretary; Leanne Hoagland  
 PO Box 95 \* Glendive MT 59330  
 (406) 687- 3004  
[sacprogram@midrivers.com](mailto:sacprogram@midrivers.com)

**Have You:**

- 1) Enclosed payment
- 2) Copy of registration papers.
- 3) Filled out all information completely.
- 4) Checked for Nominated Shows in your area!
- 5) Nominate shows in your area that are not in our list.