



NATIONAL BARREL HORSE ASSOCIATION

SANCTIONED SHOW REQUEST FORM

THIS FORM MUST BE RECEIVED AT THE NATIONAL OFFICE AT LEAST 14 DAYS PRIOR TO THE EARLIEST REQUESTED SHOW DATE.

SANCTIONING FEE IS \$30 PER SHOW. FOR EIGHT (8) OR MORE SHOWS SUBMITTED AT ONCE MAX FEE \$240.

FORMS RECEIVED LATER THAN THE 14 DAYS CAN BE DENIED AT THE DISCRETION OF THE NATIONAL OFFICE.

PLEASE SUBMIT AT LEAST 60 DAYS IN ADVANCE IN ORDER TO MAXIMIZE EXPOSURE.

TODAY'S DATE : _____ NBHA DISTRICT # : _____

PERSON MAKING THE REQUEST : _____ PHONE # : _____

CONTACT PERSON : _____ EMAIL : _____

NO SHOW WILL BE PROCESSED WITHOUT PAYMENT.

EMAIL NOTIFICATION IS REQUIRED WHEN SHOWS ARE CANCELLED OR RESCHUDULED.

YOU MAY SANCTION NO FEWER THAN SIX (6) OR MORE THAN EIGHTEEN (18) SHOWS EACH SEASON.

NBHA DIRECTORS AND/OR THEIR NBHA REPRESENTATIVE MUST BE PRESENT AT EACH SANCTIONED SHOW.

QUESTIONS OR CONCERNS PLEASE EMAIL US AT NBHA@NBHA.COM.

WHEN CO-SANCTIONING, HOST DISTRICT IS RESPONSIBLE FOR SUBMITTING THE SANCTION FEE. EACH DISTRICT TAKING PART IN THE CO-SANCTIONED SHOW MUST SUBMIT A SANCTION FORM.

CHECK THE FORMAT YOU PLAN TO USE:

OPEN 3D ☐ 4D ☐ 5D ☐ YOUTH 3D ☐ 4D ☐ 5D ☐ SENIOR 3D ☐ 4D ☐ 5D ☐

PLEASE SELECT IF THE RACE IS BEING HOSTED BY THE DISTRICT SUBMITTING THIS SANCTION FORM OR IF IT IS A CO-SANCTIONED SHOW. IF CO-SANCTIONED, LIST THE HOST IN THE BLANK.

HOST CO-SANCTION

#1 :	ARENA NAME	CITY, STATE	SHOW DATES REQUESTED	ADDED MONEY	START TIME	<input type="checkbox"/>	<input type="checkbox"/>
#2 :	ARENA NAME	CITY, STATE	SHOW DATES REQUESTED	ADDED MONEY	START TIME	<input type="checkbox"/>	<input type="checkbox"/>
#3 :	ARENA NAME	CITY, STATE	SHOW DATES REQUESTED	ADDED MONEY	START TIME	<input type="checkbox"/>	<input type="checkbox"/>
#4 :	ARENA NAME	CITY, STATE	SHOW DATES REQUESTED	ADDED MONEY	START TIME	<input type="checkbox"/>	<input type="checkbox"/>
#5 :	ARENA NAME	CITY, STATE	SHOW DATES REQUESTED	ADDED MONEY	START TIME	<input type="checkbox"/>	<input type="checkbox"/>
#6 :	ARENA NAME	CITY, STATE	SHOW DATES REQUESTED	ADDED MONEY	START TIME	<input type="checkbox"/>	<input type="checkbox"/>
#7 :	ARENA NAME	CITY, STATE	SHOW DATES REQUESTED	ADDED MONEY	START TIME	<input type="checkbox"/>	<input type="checkbox"/>
#8 :	ARENA NAME	CITY, STATE	SHOW DATES REQUESTED	ADDED MONEY	START TIME	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL FEE
SUBMITTED : _____

PAYMENT METHOD :
CARD* ☐ CHECK # : _____

CREDIT FROM PREVIOUSLY CANCELLED SHOW:
YES ☐ NO ☐

*IF SELECTING CARD, ELECTRONIC INVOICE TO FOLLOW

LIST DATE(S) OF CREDITED SHOW(S) BEING USED

I HEREBY AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE NBHA.

_____ APPLICANT'S TITLE		2112 MONTGOMERY ST FT WORTH, TX 76107 (706) 722-7223 NBHA@NBHA.COM	_____ DISTRICT DIRECTOR
_____ SIGNATURE OF APPLICANT	NATIONAL BARREL HORSE ASSOCIATION		_____ SIGNATURE OF DISTRICT DIRECTOR

PLEASE SUBMIT A COPY OF ALL NBHA SHOW SANCTIONING REQUESTS TO THE STATE DIRECTOR, ALONG WITH THE RESULTS ONCE A RACE HAS BEEN COMPLETED.

ONCE A RACE IS COMPLETED MEMBER POINTS MUST BE POSTED ON A PUBLIC PLATFORM ASAP.

NEED TO SUBMIT MORE THAN 8 RACES AT A TIME? PLEASE SUBMIT CURRENT FORM AND THEN START A NEW SUBMISSION