



NRCHA Affiliate Sponsorship Program

**Please fill out this form to request NRCHA Affiliate Sponsorship Funds.
Requests must be received by December 15 of the show year.**

In an effort to assist and support its NRCHA Affiliates, the National Reined Cow Horse Association created the NRCHA Affiliate Sponsor Program. Upon acceptance of the organization as an NRCHA Affiliate, each affiliate will be eligible to receive a \$500 NRCHA Sponsorship to be used for awards or added money at NRCHA Affiliate shows or in the affiliate's year-end program. Sponsorship requests that meet the program's terms and conditions will be awarded to each eligible affiliate at the end of each year.

TERMS AND CONDITIONS:

1. The below rules are subject to change by the National Reined Cow Horse Association Board of Directors.
2. Program Rules will be published in the *Reined Cow Horse News* and on nrcha.com
3. A Qualifying Affiliate is an affiliate whose shows are exclusively approved by the NRCHA with no other local, regional, or national organization approving or utilizing the results of these shows for any reason without the NRCHA's prior approval.
4. Any and all decisions or interpretations regarding the above will be made by the NRCHA Board of Directors and will be final and binding.
5. Program Requirements:
 - a. Be an Affiliate in Good Standing during the show year for which the Sponsorship is requested.
 - b. Hold at least 2 qualifying NRCHA Approved shows. Approved shows may be:
 - i. A Category 1 Aged Event
 - ii. A Category 1 Horse Show
6. The NRCHA will distribute applications for sponsorships at the end of the competition year via email.
7. A completed application form **MUST** be filled out and returned to the NRCHA office by December 15 of the show year.
8. Funds will be distributed to the designated Affiliate Contact listed below by NRCHA in a timely manner.

Application Information

Return form to: NRCHA

9702 Mineral Wells Hwy

Weatherford, TX 76088

Via Fax: 940-488-1499

Via Email: shows@nrcha.com

Show Year: _____

Name of Affiliate: _____

Number of NRCHA Approved Aged Events: _____ Horse Shows: _____

Affiliate Contact: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Cell Phone Number: _____

Email Address: _____

For Office Use Only: Did above Applicant meet Affiliate Sponsorship Program requirements? ☐ Yes ☐ No

Signature: _____ Date approved: _____

Printed Name: _____ Check #: _____ Date Issued: _____