

ECTRA SANCTIONING APPLICATION for 20_____

Print Legibly!!

Use separate form for each event/distance

Return all forms/fees **at least 2 months** prior to event

Mail to: Wanda Stazick, ECTRA

109 Grassy Hill Road East Lyme, CT 06333

Ph: 860-447-3976 Email: wstazick@sbcglobal.net

Event Name _____ Mileage _____ Date(s) _____
(List name exactly as you wish it to appear)

Maximum # Horses Expected _____ Event Location _____ Nearest Big Town _____

Event Type:

___ Competitive Ride ___ Competitive Drive ___ CDR ___ CR Clinic ___ CD Clinic ___ Pass/Fail Offered
___ Endurance Ride ___ Endurance Clinic or LD ___ CDD

Event Length (competition days only) ___ One Day ___ Two Day ___ Three Day ___ More (please list)

Newsletter Contact ___ Manager ___ Secretary (If no name is checked, Secretary will be listed & sent all correspondence)

Manager: _____	Secretary: _____
Address: _____	Address: _____
City/St/Zip _____	City/St/Zip _____
Phone/Fax _____	Phone/Fax _____
Email _____	Email _____

Judges and Vets (Both Judges & Vets for competitive. Just Vets for endurance. List additional judges or vets on back of this form.)

Name _____	Name _____
Address _____	Address _____
Phone/Email _____	Phone/Email _____

FEES DUE WITH SANCTIONING APPLICATION!

Sanctioning Fee: \$40 per one day Competitive Event; \$80 maximum for multiday competitive events held on consecutive days. (Competitive Events may consist of CTRs, CDRs, rides and/or drives.) **No charge for clinics.**

\$45 flat rate Endurance Event. (Event may consist of one or more distances held on consecutive days.) \$ _____

Insurance Fee: All events must have at least \$1,000,000 of liability coverage. Endurance Rides must get Their own coverage and name ECTRA as Additional Insured.

___ Competitive only - We wish to use ECTRA's Insurance at \$60 per day
___ Endurance or Competitive - We have our own coverage & will name ECTRA as additional insured. \$ _____

Make Checks Payable to: ECTRA Check # _____ TOTAL: \$ _____

Drug Test Fee: For Competitive Rides, Drives & CDRs. No charge for endurance rides.

A copy of the Result sheet and a fee of \$2 per starting horse sent to:

Wanda Stazick, ECTRA Sanctioning
109 Grassy Hill Rd.
East Lyme, CT 06333

Mileage and points will not be accredited until fees are paid.

Manager must read & sign below or application will be rejected. As Event Manager, I represent that I have read & fully understand the most current or updated ECTRA rules & handbook and agree to abide by and enforce all such applicable rules.

Managers Name: _____
Signature: _____

Date: _____