



**Rocky Mountain Dressage Society**  
**Application For Recognition/Sanction \$50.00**  
ONE EVENT PER FORM, PLEASE!!!

DATE OF SHOW/S: \_\_\_\_\_ TD Report: \_\_\_\_\_  
 (Office Use Only)  
 SHOW: \_\_\_\_\_ CLINIC: \_\_\_\_\_ Ins. Rcv'd: \_\_\_\_\_  
 (Office Use Only)  
 Show Recognition: USEF Number: \_\_\_\_\_ USDF Number: \_\_\_\_\_ RMDS Number: \_\_\_\_\_  
 (Office Use Only)  
 Name Of Show/Clinic/Event: \_\_\_\_\_ USEF Level \_\_\_\_\_  
 Location of Show/Clinic/Event: \_\_\_\_\_  
 Street Address (MANDATORY): \_\_\_\_\_  
 City/State/Zip (MANDATORY): \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_ Is this Chapter Sponsored? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Need to contact throughout season about show information and for next year)

Street Address: \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone (Home): \_\_\_\_\_  
 JUDGE (S): \_\_\_\_\_ Website: \_\_\_\_\_  
 JUDGE (S): \_\_\_\_\_ TD: \_\_\_\_\_

*The show manager and the show secretary must be current members of RMDS.*  
**To avoid duplicating judges, please ask if they have any other COLORADO commitments!!**

**RECOGNITION FEES: (MAKE CHECK PAYABLE TO RMDS) or pay online at: <http://www.rmids.org/Main/Payment>**

RECOGNITION FEES: \$50.00/SHOW \$ \_\_\_\_\_ CHECK NUM: \_\_\_\_\_ DATE REC'D: \_\_\_\_\_

**I would like to support RMDS by donating 1 class and 1 office fee. (This is going to be part of a fundraiser at the banquet.)**

I/WE HAVE READ THE RMDS STANDING RULES REGARDING RECOGNITION/SANCTIONING OF SHOWS/EVENTS/CLINICS AND CONDUCT, AND AGREE TO FOLLOW THE RULES THEREIN. I/WE UNDERSTAND THAT IF ANY OF THE RULES ARE NOT FOLLOWED, FINES MAY BE ASSESSED, AND/OR FUTURE SHOWS/CLINICS/EVENTS MAY NOT BE RECOGNIZED.

It is the responsibility of the event manager to provide the RMDS Central Office with a certificate of insurance per the current standing rules.

**MANAGER/ORGANIZER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Traditional dates will be held until November 1<sup>st</sup> of the current show year. AFTER the BOG meeting shows will be approved by first-postmarked. Please see the attached memo for information regarding the required insurance coverage. PLEASE ADVISE CENTRAL OFFICE OF ANY CHANGES AS SOON AS POSSIBLE.

**SEND COMPLETED APPLICATIONS-FEES-INSURANCE CERTIFICATES TO:**  
**RMDS Central Office 2216 County Road 46-Florissant, CO 80816 - Phone: 720-890-7825 - [rmids@rmids.org](mailto:rmids@rmids.org)**