



NRCHA Affiliate Sponsorship Program

**Please fill out this form to request NRCHA Affiliate Sponsorship Funds.
Requests must be received by December 15, 2016**

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.

The following are the terms and conditions for the National Reined Cow Horse Association Affiliate Sponsorships that will be awarded to each eligible affiliate at the end of each year.

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.

No double judged, double pointed shows or two NRCHA shows on one day in the same location will be approved by the NRCHA.

Funds will be distributed by the NRCHA to its affiliates who put on at least two shows per year and meet the above requirements.

The NRCHA will distribute applications for sponsorships at the end of the competition year and each affiliate must fill out and return the form attesting that it met the above requirements. NRCHA will distribute funds in a timely manner following the completion of the point year.

Any and all decisions or interpretations regarding the above will be made by the NRCHA Board of Directors and will be final and binding.

The above rules are subject to change by the National Reined Cow Horse Association Board of Directors and will be published in Reined Cow Horse News.

Application Information

Return form by Dec.15, 2016 to:

NRCHA
1017 N Hwy 377
Pilot Point, TX 76258
fax to: 940-488-1499

Name of Affiliate: _____

Number of NRCHA Approved Shows: _____

Please list names and dates of shows: _____

(if you need additional space, please attach list)

Affiliate Contact: _____ If different mail to: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Cell Phone Number: _____

Email Address: _____

For Office Use Only:

Did the affiliate meet the above requirements? _____

Date of approved Sponsorship: _____

Signature: _____

Check Number: _____