Inspection Application

Please complete this form in its entirety and submit it to the FHANA Executive Director prior to **Oct 15**, the year prior to the anticipated inspection. ***Submission of this document does not guarantee that your request will be approved.*** Should you have any questions, please don't hesitate to contact the Inspection Committee Chair or the FHANA Executive Director. See the Site Host Manual for specific instructions to complete this form. Incomplete forms will be returned. Failure to submit this form prior to the referenced deadline will result in the omission of the site for the year.

Your submission does not guarantee you an inspection. The inspection committee will review each and every application. Items that will be considered: number of horses in the area, distance between other regional inspections, frequency of inspection to list a few.

The FHANA desires each site to obtain a minimum of 20 participating horses per site in order to schedule an Inspection. Sites with less than 20 will be considered following a formal review process of the site's application identifying any extenuating circumstances. Extenuating circumstances might include geographical location, previous year(s) attendance and other unique circumstances. These circumstances must be included in the application if the site anticipates consideration by the reviewing authority. This application must be forwarded to the FHANA Executive Director and the FHANA Inspection Committee for review.

Site Name:_____

Geographical Location (City/State):_____

Point of Contact:

Name:_____

Phone:_____

Email:_____

Hosting Chapter(s) (if applicable):_____

Requested Date of the week (Please List 3):_____

Facility Information:

Indoor Arena: Size:_____

Outdoor Arena: Size:_____

Stalls: Quantity:_____

Address:_____

Phone :_____

Inspection Application (Continued)

Insurance Requirements:_____

Commercial Airport:_____

Hotel Information:

Name of Hotel:_____

Address: _____

Phone:_____ Website (if available)_____

Distance from Venue to Hotel:_____

Distance from Airport to Venue:_____

Number of Programs Needed:_____

Additional Information/Remarks:_____

By signing this request, I certify that I have read the Site Host Manual and understand the duties of a Site Host as outlined therein.

Signature:_____