



## EUROPEAN ARAB HORSE SHOW COMMISSION

### Application for Affiliation of SPECIFIC ORIGIN SHOW 2014

Name of show: .....

Venue: ..... Country: .....

Preferred date of Show: ..... Alternative date: .....

#### Specific Origin Show € 215,-

Name and address of the responsible organizer:

.....  
.....

Tel.: ..... Fax: .....

e-mail: ..... website: .....

**To be completed and duly signed by National Organisation (ECAHO Member)  
in the country where the event is organized**

Approval of the above mentioned show is herewith given by (name of National Organization):

.....

Represented by: .....

Signature and stamp: .....

**Deadline for affiliation of Specific Origin Show is on 31<sup>st</sup> October 2013.**

**Affiliations to be sent as soon as possible to the following address:**

ECAHO Office, Zuzana Slavíková, Na Blatech 242, CZ-277 11 Libis, Czech Republic  
tel.: +420 602 876 396, Fax: +420 315 681 353, e-mail: zuzana.slavikova@ecaho.org

After your application has been approved you will receive an invoice. The invoice is the confirmation of your affiliation and the invoice number is your affiliation number. Affiliation fees are payable no later than 30 days after the receiving of the invoice, they are not refundable. Please do not make any payment without invoice. The undersigned herewith explicitly agrees to accept all currently applicable rules, regulations, decisions and the jurisdiction of ECAHO, especially "Rules for Affiliation of Shows", "Guidelines for Judges and Show Organisers" and "Rules for Conduct of Shows" and pledges to apply and enforce them. The undersigned further accepts without restriction the currently applicable status, regulations and jurisdiction of ECAHO. The undersigned herewith confirms to provide event insurance coverage, covering any and all indemnity and/or liability in connection with the conduct of the event. (ECAHO assumes no indemnity and/or liability in connection with the event).

Date and Signature: .....