

## **HERITAGE DESIGNATION RENEWAL APPLICATION**

COMPETITION NAME:	COMPETITON ID:
LICENSEE NAME:	
COMPETITION MGR	EMAIL/TEL:
1. THE DATE AND LOCATION WHEN THIS COMPE	TITION WAS FIRST HELD?
Date(s):	_Location:
2. HAS THE COMPETION BEEN RECOGNIZED [US	SEF/USAE/AHSA] EACH YEAR SINCE IT WAS FIRST HELD? IF NOT RECOGNIZED, PLEASE PROVIDE:
Year:	Reason:
Year:	Reason:
Year:	Reason:
3. ARE THERE ANY YEARS WHEN THE COMPETI	ION WAS NOT HELD? IF SO, PLEASE PROVIDE.
Year:	Reason:
Year:	Reason:
Year:	Reason:
4. HAS THE LICENSEE (RESPONSIBLE PARTY) F	OR THE COMPETION CHANGED? IF SO, PLEASE PROVIDE.
Year(s):	Responsible party:
Year(s):	Responsible party:
Year(s):	Responsible party:
5. HAS THE NAME OF THE COMPETITION CHANG	ED? IF SO, PLEASE PROVIDE.
Year(s):	Name used:
Year(s):	Name used:
Year(s):	Name used:
6. HAS THE LOCATION OF THE COMPETITION CH	ANGED? IF SO, PLEASE PROVIDE.
Year(s):	Location:
Year(s):	Location:
Year(s):	Location:
7. WHAT ARE THE LARGEST TWO DIVISIONS OF	THE COMPETITION DURING THE MOST RECENT TWO (2) YEARS OF THIS COMPETITION?
LARGEST DIVISIO	SECOND LARGEST DIVISION?
Name:	Name:
Number of entries:	Number of Entries:
Most recent year:	Most recent year:
Prior year:	Prior year:

## IN ORDER FOR A COMPETITION TO MAINTAIN ITS "HERITAGE" DESIGNATION THE COMPETITION MUST DEMONSTRATE

## SHOULD YOU NEED ADDITIONAL PLEASE ATTACH ADDITIONAL PAGES

1.	THAT THE COMPETITION HAS SIGNIFICANT INVOLVEMENT AND SUPPORT OF THE COMMUNITY THROUGH CHARITABLE/MONETARY OF OTHER TYPE OF GIVING OR SERVICE. (Response to this question should include names and contacts for organizations in the community that have been involved with or benefited from the competition, and the number of years of involvement or benefit. Letters from community leaders or organizations acknowledging the impact of the competition on the Community may be included. Other information that you wish to have considered in regard to the Community should be provided)
2.	THAT THE COMPETITION HAS MAINTAINED A SIGNIFICANT CONTRIBUTION TO/PROMOTION OF THE SPORT OF EQUESTRIAN.  (Response to this question should include specific information to demonstrate "outreach" beyond those participating in the competitions such as number of paid admissions, television or other broadcast of the competition, promotional material distributions etc. Other information that you want considered in regard to the Promotional activities of the competition should be provided)
3.	THAT THE COMPETITION IS WIDELY RECOGNIZED WITHIN THE SPORT OF EQUESTRIAN AS BEING A NATIONAL OR INTERNATIONAL LEVEL OF COMPETITION, OR POSSESSING OTHER CHARACTERISTICS THAT MAKE IT UNIQUE WITHIN THE SPORT OF EQUESTRIAN.  (Response to this question should include names and contacts for organizations or individuals in the Sport of Equestrian that have been involved with or benefited from the competition. Please briefly indicate the nature of their relationship with the Competition. Has the competition received any recognition of the competition within the Equestrian Community? Indicate if the competition is providing advanced levels of competition, and/or achieving "Premier" status for the competition as a result of the quality and consistency of the competition over a number of years. Other information relating to the unique qualities of the competition that you want considered should be provided)

4. THAT THE COMPETITION HAS MAINTAINED ITS SAME FLAVOR AND TRADITION AND PROVIDES THE SAME CUSTOMER EXPERIENCE.  (Response to this question should include specific information as to how the competition maintained its uniqueness that afforded it to be granted a Heritage Designation and how exemplary customer service is provided to competitors/trainers/spectators etc. Other information relating to the tradition and customer experier of the competition)			
(Response to this question should include specific	AME FLAVOR AND TRADITION AND PROVIDES THE SAME CUSTOMER EXPERIENCE. information as to how the competition maintained its uniqueness that afforded it to be granted a Heritage s provided to competitors/trainers/spectators etc. Other information relating to the tradition and customer experience		
INDIVIDUAL COMPLETING APPLICATION			
NAME:	USEF MEMBER #		
MAILING ADDRESS:			
TELEPHONE:	EMAIL:		
	RE PROVIDING FOR CONSIDERATION BY THOSE RESPONSIBLE FOR APPROVAL OF THIS REQUEST		
ATTACHMENTS:			
ATTACHMENTS:			