



National Competitive Trail Horse Association

"Uniting Trail Riders of America"

NCTHA

Ride Sanction Application

Check Type of Ride Sanction Requested and Fee Enclosed (Select ONE only):

Supreme Trail Challenge - \$25
 Texas Trial Challenge - \$25
 Dual Sanctioning - \$20

Ride Name: _____

If STC/TTC, Date Requested: (Preferred) _____ (Alternate) _____

If dual sanctioning, Organization Name: _____ Date of Ride: _____

Location: _____ City: _____ State: _____
(Ranch, Public or Private Land name)

Sponsoring Individual or Organization: _____

Contact Name: _____ Email: _____ Phone: _____

Ride Manager

Name: _____ Email: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Ride Secretary

Name: _____ Email: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Ride Data:

	1	2	3
Name of Division			
Actual Distance (miles)			
Average Speed (mph)			
Elapsed Time (hrs)			
Start Time			

***** This section for STC and TTC rides only *****

Number of Judges planned: _____

Camp & Facilities & Services (please check only those that apply):

<input type="checkbox"/> Elec Hook Up	<input type="checkbox"/> Toilets	<input type="checkbox"/> Camping Fee	<input type="checkbox"/> Day Parking Only	<input type="checkbox"/> Pens Available
<input type="checkbox"/> Elec & Wtr Hk Up	<input type="checkbox"/> Showers	<input type="checkbox"/> Free Meals	<input type="checkbox"/> Day Parking Fee	<input type="checkbox"/> Stalls Available
<input type="checkbox"/> Dump Station	<input type="checkbox"/> Store	<input type="checkbox"/> Purchased Meals	<input type="checkbox"/> Pets OK (on leash)	

**A veterinarian must either be on call or at the ride to care for sick or injured horses.
 Managers must purchase insurance at a discount under NCTHA's group insurance program.**

I certify that the information above is correct, that I have read the (STC/TTC) Rules and the (STC/TTC) Management Manual, that the ride named will be run in accordance with these rules and manual, and that the Sanction Chair will be notified immediately of any change in the above information. **I agree to forward the ride results digital file to NCTHA's Points Secretary within four days of ride completion.**

Date

Ride Manager Signature

***** Please make check payable to NCTHA and mail with application to: *****
 ***** SANCTION CHAIR, PO Box 827, Justin, TX 76247 *****

For Office Use Only:

Approved: Yes No, more data needed: _____

Assigned NCTHA Contact: _____ Email: _____ Phone: _____

