



Kentucky Dressage Association

KDA Show Sanctioning Approval Form

Fill out form and email to KDA Show Chairman at sheilatully3442@gmail.com

Please complete the following:

Name of show: _____ Date: _____

Venue: _____ Licensee #: _____

Judge(s): _____

Name of TD: _____ Show Manager: _____

Show Secretary: _____

Opening date: _____ Closing date: _____

Name of company of insurance coverage: _____

Address: _____

Phone: _____

Arena (size and footing): _____

Type of stabling: _____

Classes offered: _____

Signature: _____ Date: _____