



ODS Year end Awards Qualifying Show Registration form

- Application must be received 30 days prior to the date of the show for approval by the Board
- Show grounds should be safe, competitor-friendly, well staffed and have access to warm-up
- Safe competition arenas as near to legal measurements as possible
- Ride times available to riders at least 48 hours before the start of the show day

Fee \$10 per show – Separate document and payment needed for each show

Show Name _____ **Show Date** _____

Show location _____

Judge Name _____

Is the Judge L rated or higher? Yes No

Approval will only be granted if the judge officiating training level or higher has a minimum of an L rating

***Introductory level may be judged by a non-L graduate with prior approval from the ODS board**

Show Manager _____

Address _____

Phone _____ **e-mail** _____

I certify that all volunteer hours served by ODS members will be accurately reported to ODS for year end awards and are a true reflection of the hours and duties served at this show. I the undersigned, understand that the information provided is true to the best of my knowledge and that the following disclaimer must appear on all printed material published by the competition (including prize list, program, entry form, etc.): ODS and its organizers are not responsible for any accidents, damage, loss, injury or illness occurring to any horse, rider, owner, trainer, coach, or spectator, and hereby certify that I (we) have liability insurance for the show.

Signature _____

ODS will publish your show dates on our calendar and remind our membership that any volunteer hours contributed to your event will support the year end award requirements. We would be happy to publish your show results as well if they are provided in an electronic format.

Return this portion with payment made out to ODS and mail to:

Chris Gemmel-Gnidovec, ODS President 4380 Blacklick Rd NW Pataskala, OH 43062



Volunteer hours – ODS Year end Awards Qualifying shows certification form

*not applicable for the ODS Bucks program

Show Name _____

Show Date _____

Show Location _____

Show Manager _____

Show Manager phone or e-mail contact _____

Volunteer Name	Volunteer Assignment	Hours served	Volunteer Signature	Manager Initials

Show Management – Please return this form to:

James Gerhart - PO Box 606 Johnstown, OH 43031 email: jsgerh7@aim.com