



NASHHCS/CCS QUALIFYING SHOW FORM

QUALIFYING SHOW INFORMATION

Fair/Show Name:	Show City/State:
Show Dates:	Website URL:

CONTACT INFORMATION (WHERE CLASSIC SERIES INFORMATION SHOULD BE SENT)

First Name:	Last Name:	
Street Address:		
Street Address 2:		
City:	State/Province:	Zip/Postal Code:
Phone:	Fax:	E-mail:

Requirements to be an NASHHCS/CCS Qualifying Show:

1. The show must be an open (non-invitational) show.
2. The show must pay a \$150.00 (U.S. Funds) per year membership fee, **\$155.00 (US Funds) if paying by Credit Card.**
3. The show must have at least \$2,500.00 in prize money for each draft Six-Horse hitch class it would like to qualify.
ALL \$2500.00 MUST be paid out completely regardless of the number of entries in the class.
4. The show must have at least \$1,000.00 in prize money for each draft Classic Cart Series class it would like to qualify.
ALL \$1000.00 MUST be paid out completely regardless of the number of entries in the class.
5. At the completion of the show all placings must be submitted online. (http://nashhcs.org/pro-rsmh.net/enter_results.php)
 - a. The entire NASHHCS qualifying class must be placed from top to bottom.
 - b. The top 10 placings must be reported for any Classic Cart Series qualifying class.

QUALIFYING SHOW TYPE (CHOOSE ONE OR BOTH) NEW QUALIFYING SHOW

- NASHHCS – North American Six-Horse Hitch Classic Series
 CCS – Classic Cart Series

QUALIFYING SHOW SEASON

- 2017-2018 (September 5, 2017 – September 3, 2018)
 2018-2019 (September 4, 2018 – September 2, 2019)

Please list all your qualifying classes which meet the above requirements:

Class 1.	Prize Money: \$	Class 5.	Prize Money: \$
Class 2.	Prize Money: \$	Class 6.	Prize Money: \$
Class 3.	Prize Money: \$	Class 7.	Prize Money: \$
Class 4.	Prize Money: \$	Class 8.	Prize Money: \$

PAYMENT INFORMATION (MAKE CHECKS PAYABLE TO NASHHCS)

First Name:	Last Name:	
Credit Card #:		
Expiration:	Security Code:	ZIP Code:

SIGNATURE

I authorize the above-named business to charge the credit card indicated in the membership form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.

Signature of applicant:	Date:
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Mail/Fax/E-mail Completed form and payment to:

NASHHCS, Stacie C. Lynch, 293 East St N., Goshen, CT 06756
 Phone: 860-491-0203 Fax: 860-491-0206
 E-mail: info@naclassicseries.com
 Web Site: www.naclassicseries.com

Office Use Only	
Date Received:	
Check # _____ / Credit Card / Cash	<input type="checkbox"/> OrgPro <input type="checkbox"/> Quickbooks <input type="checkbox"/> Event Calendar