



<i>Office Use Only</i>	
Date Received	_____
Approved by GAHA President:	_____
Approval Date:	_____
Approved by BOD:	_____
Approval Date:	_____

# GAHA Event/Clinic Application/Check List Form

## Georgia Arabian Horse Association

[www.Georgia-Arabian.com](http://www.Georgia-Arabian.com) - [info@georgia-arabian.com](mailto:info@georgia-arabian.com)

Our events are planned to encourage education within our equestrian community, learning and love for the Arabian Horse in additional to being a fundraiser activity for GAHA. To be filled out 3-4 months before event to allow proper time to promote event, to secure event volunteers, get maximum amount of participation needed, and gather sponsors if needed. Schooling shows should be scheduled 4-6 months out. The following information may not be known 100% yet, but please fill in as much as possible, and utilize this sheet to record final decisions. Events will need to be approved by Board of Directors.

**Contact Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Event Name:** \_\_\_\_\_

**Proposed Event Date (or options. Not to conflict with other GAHA events):**

*Highly recommend selecting event date minimum 3 months in advance if at all possible.*

**Event Location:**

Farm/Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Farm/Facility Website: \_\_\_\_\_

Best directions if difficult to find to help participants: \_\_\_\_\_

**Event Times:**

- Arrival for Volunteers: \_\_\_\_\_
- Morning Check-In: \_\_\_\_\_
- Event Start: \_\_\_\_\_
- Lunch Break: \_\_\_\_\_
- End time: \_\_\_\_\_

**Volunteers for Event** (will send request to GAHA membership for volunteers):

- Main Event Coordinator & Contact Information (for event questions): \_\_\_\_\_

- Registration Coordinator (prior to day of event) : \_\_\_\_\_
- Check In: \_\_\_\_\_
- Set Up: \_\_\_\_\_
- Clean Up: \_\_\_\_\_
- If day of payment allowed, who is handling money to give to Treasurer: \_\_\_\_\_
- Other volunteers needed? : \_\_\_\_\_

**Description of Event:**

Who will be teaching, presenting, speaking, etc.; what type of riding, disciplines, topics, etc.; who this event will benefit; who is donating their time (if any), who is sponsoring meals (if any), etc? What is the amount of riders or auditors slots available (think safety, seating, & parking)? Individual riding or group ride with how many in group? Restrictions if any. Any important website links for event? We always want to focus on the promotion and use of the Arabian horse, GAHA, and educating our attendees. 95% of a seminar/clinic should be educational.:

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**Clinician or Speaker Bio (if applicable, to share with event information and to establish credibility with potential participants):** \_\_\_\_\_

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**Pricing:**

- GAHA Member Rider Price: \_\_\_\_\_
- Non GAHA Rider Price: \_\_\_\_\_
- GAHA Member Auditor/Non-rider Price: \_\_\_\_\_
- Non GAHA Auditor/Non-rider Price: \_\_\_\_\_

(if allowed) Day of Auditor/Participant Ticket Purchasing Cost: \_\_\_\_\_

*Please note above what these costs include if they do include breakfast, lunch, stalling, etc.*

*Helps to fill clinic in a timely manner.*

*Goal number for registrants to hold event (communicate with event host):* \_\_\_\_\_

*Actual number of attendees (for recording purposes):* \_\_\_\_\_

*Do participants need to bring anything with them (like breakfast, lunch, water, chairs, etc.)?* \_\_\_\_\_

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If meals not included, local restaurant or store recommendations? \_\_\_\_\_

**Budget** - Estimated Cost of event meals, marketing flyers, website updates, materials, supplies for meals, name tags, clinician fee, insurance, etc.: \_\_\_\_\_

Estimated Amount **Fundraised** for GAHA: \_\_\_\_\_

Amount paid to trainer(s) or are they donating time; farm hosting cost or is facility donating space: \_\_\_\_\_

Insurance Coverage (if applicable or needed): \_\_\_\_\_

Please send copy of trainer & facility insurance to info@georgia-arabian.com

**Registration deadlines:** Cutoff date for ticket purchasing or registration & payment. Can always extend the deadline, but typically most wait until the very last minute to commit. We recommend cut-off date 3 days to a week in advance to allow enough time for volunteers to put together meals, rent/borrow tables, finalize schedule etc. for event): \_\_\_\_\_

Or is day of ticket purchasing allowed?: \_\_\_\_\_

Cut off for Discounted Ticket Purchasing (if needed): \_\_\_\_\_

Vendors welcomed? Fee or no fee?: \_\_\_\_\_

**Waivers:**

All release waivers (GAHA & facility) sent to or *Mailed* to (name and address) *or* will someone be getting them at time of check in?

or can be *emailed* to: \_\_\_\_\_

**Payment options-**

All checks to be mailed to (must be made out to GAHA):\_

Can use GAHA PayPal (Yes/No). Please add \$4.00 PayPal usage fee: \_\_\_\_\_

*Please note PayPal charges a service fee and a credit card fee. See PayPal for more details.*

**Important Information for Riders/Horses (if applicable per event – Stabling available or tie to trailer option only, overnight stabling available, where to park, will buckets & bedding be provided or will they need to bring their own, when to arrive, should stalls be cleaned before departure, etc.):** \_\_\_\_\_

**Who should proof of coggins and/or immunizations be sent to prior to arrival? What immunizations are required if needed? Who will horse owners meet upon arrival to give or show paper work to (if known)?**

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**If not stated on previous line item, how many riders/horses permitted?: \_\_\_\_\_**

***Things to Remember for GAHA Event/Clinic/Seminar:***

- ALL riders, auditors & participants must sign GAHA waiver and event location waiver
- Include GAHA membership form in marketing so that those interested can easily access document & become a member (and save money on future events!)
- Invite all your friends - word of mouth is a great resource
- Post event flyer at farms, local tack and feed shops about event
- Collect email addresses of all attendees at event so we can send them information on upcoming events AND send a follow up email thanking them for their attendance and asking for event feedback
- Checks to be made out to "*Georgia Arabian Horse Association*"
- Make sure to your event page is created on Facebook by GAHA Marketing volunteers - if not, notify GAHA
- Make sure your event is listed on GAHA website, Instagram, and Facebook - if not, notify GAHA (Please include important information such as schedule, price, deadlines, location, etc. You can even send them this form if that easier)
- Make sure your event is included in GAHA's monthly e-blast to members
- Make sure to hang GAHA banner(s) at event
- Make sure the following GAHA forms/flyers are available at event. (may have some extras from other events)
  - GAHA Membership Form
  - GAHA Award Forms (High Point Award Program, Frequent Rider Awards Program and Ambassador Award)
  - GAHA Calendar (lists future GAHA events) and/or GAHA flyer on the next GAHA event
- Please provide general Arabian brochures, information etc. at event. (may have some leftovers from other events, so ask BOD if there are any extras)
  - <https://www.theregistry.org/membership/PromoMaterials1.asp>
  - <https://www.arabianhorses.org/marketplace/brochures/index.html>
  - Any additional Arabian magazines, books, flyers, posters, etc. You can contact Arabian Horse Times/Envision magazine, Arabian Horse World magazine, and Arabian Horse Association for magazines and/or handouts.
  - Arabians in \_\_\_\_\_ printed material (discipline(s) being promoted at event)  
(<https://www.arabianhorses.org/discover/arabian-horses/#Arabian%20Horse%20Disciplines>)
  - Any information on AHA programs, like Achievement Awards program, Open Qualifying program, Frequent Rider Program, Open Event Incentive Program, etc. that may be helpful information for attendees
- Consider your amount of parking availability, bathroom usage, table space availability, etc.

**Please make sure following form is returned to [info@georgia-arabian.com](mailto:info@georgia-arabian.com) within a month after event for GAHA to include the event in the AHA Club Award submission.**

### **CLUB EXCELLENCE PROGRAM WORKSHEET**

Program/Activity Name: \_\_\_\_\_

Date: \_\_\_\_\_

Program/Activity Chairman: \_\_\_\_\_

Committee Members: \_\_\_\_\_

\_\_\_\_\_

Situation Analysis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Goals: \_\_\_\_\_

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Audience: \_\_\_\_\_

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Plan: \_\_\_\_\_

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Publicity: \_\_\_\_\_

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Budget: Revenue - \_\_\_\_\_

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Expenses - \_\_\_\_\_

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Timeline: \_\_\_\_\_

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Promotional Images & Flyers:

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Photos from Event:

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