



**Application for "Giving Back": A program to benefit the horse industry.**

**All applicants must be non-profit club or organization and have a horse-related mission.**

Is the association making application:  Local  State  Regional  National  International

Organization Name \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Local Organization Address: \_\_\_\_\_

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

Website: \_\_\_\_\_

Email: (Please print clearly) \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

**If this organization is a member of a larger group or organization (such as a national organization) please complete the following information: (Check will be made out to the name on the proof of non-profit status.)**

National Club Address: \_\_\_\_\_

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

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Mission of Organization: \_\_\_\_\_

\_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone: \_\_\_\_\_

**IRS Tax Status:**  501(c)3  Other (Attached Certificate (required)). **Year Incorporated:** \_\_\_\_\_

**Tax ID Number (Required)** \_\_\_\_\_ Number of club members: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_

Towns/Area(s) Served: \_\_\_\_\_

Please select the category best describing your organization:  Youth Group  Breed Association  
 Discipline Association  Horse Rescue  Horse Industry Group  Therapeutic Riding  Other

Members agree to program guidelines, rules, and spirit. Thank you for your support!

Signature of representative: \_\_\_\_\_

**Mail to:** Equine Extravaganza, 640 Owl Ct., Arnold, MD 21012 or scan and email to [info@equineextravaganza.com](mailto:info@equineextravaganza.com)  
Or Fax: 410-510-1306