



City to Saddle

... give a child a leg up!

CITY TO SADDLE CHARTER MEMBER APPLICATION-

Name of Applicant: _____

Street Address; _____

City, State, & Zip Code: _____

Email: _____ Phone #: _____ Cell Phone #: _____

Fax: _____ Web Site: _____

Name of Proposed riding center/s (farm, stable, etc.)
which will be operating as a City to Saddle Host Facility: _____

Contact Person at riding center/s: _____

Street Address: _____

City, State, & Zip Code: _____

Email: _____ Phone #: _____ Cell Phone #: _____

Fax: _____ Web Site: _____

Please review the attached guidelines and standards, and answer the following questions. Enter your responses directly into this document. Use additional pages and include photos as needed. Completed forms and support materials may be attached in email

Please answer each question as fully as possible. Use additional pages and include photos as needed. Completed forms and support materials may be attached in an email.

- 1. Why are you choosing to become a City to Saddle Charter Member? How can we assist you in participating as a City to Saddle Charter Member?**

- 2. Describe the role and responsibilities that you will be assuming as a City to Saddle Charter Member. Describe your past or current involvement with equestrian activities, organizations, fundraising and development. What is your relationship to the riding center?**

- 3. Please describe the riding center... the farm , land, facilities (acres, pasture amount, number of stalls, barns, riding rings, trails) at which will the City to Saddle program/s will be run: (Attach photos if possible)**

- 4. Please describe the horses... numbers, ages, breed, and the equine disciplines represented at the riding center (hunter/jumper, western pleasure, dressage, vaulting, etc.). Which ones will be used in the City to Saddle program:**

- 5. Please list the owner/s, program director/s, barn manager/s, and any other key staff at the riding center. Please identify individual/s responsible for legal, financial and other management decisions at the facility. Please name and describe the training, qualifications/certifications and current positions/responsibilities of those who will be responsible for, and running the City to Saddle program.**

6. Describe the current barn program/s- the riders currently served, and lessons offered at the riding center. Please include age range of riders, number of program participants, and riders per session, etc.)
Feel free to include brochures and other report summaries.

Sign here if you have read the City to Saddle Guidelines and Standards, and agree that you will fund and access equestrian activities for the purpose of executing the City to Saddle mission at the location described within this document in full compliance with the Guidelines and Standards.

Signature

Please return completed Charter Member Application to **City to Saddle, 67 Muschopauge Rd.**, Rutland, MA, 01543, or as email attachment to: info@citytosaddle.org

Upon City to Saddle approval of Charter Member Application, you will receive a City to Saddle Charter Member Agreement contract for execution. Please send all executed applications and contracts to:

Dale Perkins/ City to Saddle
P.O. Box 512
Rutland, MA 01543
(800) 354-6324