



# Young Horse Linear Description Grant Application 2017

**Organizer Name:** .....

Affiliated Club: .....

Address: .....

Phone number: .....

E-mail address: .....

**Event Date(s):** .....

**Event Location:** .....

Address: .....

**Judge(s) Name(s):** .....

**Scribe(s) Name(s):** .....  
(Anticipated)

**Anticipated number of horses (estimate):** .....

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***By signing this form, I certify that I understand and agree to the following:***

- I will be responsible for ensuring that the event described above adheres to the FEIF General Rules for Young Horse and Foal Assessments.
- For the event to be deemed “successfully completed” I must return copies of the individual assessment forms **signed by the Judge(s)** and the results as recorded in the iPad app to the US Breeding Leader within one (1) month of the completion of the event.
- This event will be open to all who either wish to participate, or to observe.
- I will submit the information for this event to the USIHC Secretary for inclusion in the USIHC Calendar of Events no later than one (1) month prior to the event.
- There will be no changes made to the above information once the event has been sanctioned by the US Breeding Leader unless they are proposed and approved by the US Breeding Leader **in writing**.

**Printed name:** .....

**Signature:** .....

**Date:** .....

Return completed form by email to [breeding@icelandics.org](mailto:breeding@icelandics.org)