



**INTEREST FORM**

TC Manager Name: \_\_\_\_\_

Day time phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing/Shipping Address: \_\_\_\_\_

**EVENT INFORMATION:**

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

Requested Event Date: \_\_\_\_\_ Event Location: \_\_\_\_\_

Requested TC Application Deadline (approx. 30 days prior to pick-up date): \_\_\_\_\_

Requested Date & Location of Pick-Up (approx. 90 days prior to event date): \_\_\_\_\_

Approximate # of **Mustangs** (ages 12-24 months old) Requested for Youth (Ages 8-17) Competition: \_\_\_\_\_

Approximate # of **Mustangs** (ages 3+ years old) Requested for Adult (18+) Competition: \_\_\_\_\_

Approximate # of **Burros** (ages 12-24 months old) Requested for Youth (Ages 8-17) Competition: \_\_\_\_\_

Approximate # of **Burros** (ages 3+ years old) Requested for Adult (18+) Competition: \_\_\_\_\_

Are you requesting to host a reassignment adoption at the conclusion of the event? \_\_\_\_\_

Please list proposed competition classes: \_\_\_\_\_

\_\_\_\_\_

Misc. Event Details : \_\_\_\_\_

\_\_\_\_\_

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