



NSBA Heroes On Horses

Honoring our service men and women and the horses that are helping them heal.

Riders in PATH Intl. Equine Services for Heroes programs are invited to participate in the NSBA World Championship Show Very Special Event "Heroes On Horses" competition.

- The following two Heroes on Horses classes will be offered on Saturday afternoon:
 - Walk Trot Western Supported
 - Walk Trot Western Independent
- To enter the NSBA World Championship Show, this form must be submitted with the NSBA World Championship Show Entry Form.
- Riders must be disabled veterans or active duty "wounded warriors" who are participating in PATH Intl. Equine Services for Heroes programs or who have a Department of Veteran Affairs disability rating.
- The PATH facility will be responsible for verifying the eligibility of riders participating in Equine Services for Heroes programs.
- For Disabled Veterans who do not participate in a therapeutic riding program, please attach the Department of Veteran Affairs letter recording the dates of service, the Service-connected Disability Rating, and the date it was awarded. Please black out all other personal information included in the letter such as social security number and monthly award.
- Horses need not be registered or owned by the rider or facility. If the veteran is unable to have a horse transported to Tulsa for the Heroes On Horses competition, several Therapeutic Riding Centers have offered to provide horses for those who need them. Please notify NSBA Foundation Director Lynn Campbell at 847-623-6722 ext. 350 by July 15 to request the use of a horse from one of these facilities.
- There will be no fee for participation in these classes.
- Judging will be based 50% on the rider and 50% on the horse.
- A rider may not show in any other youth, amateur or open categories while showing in the Riders with Disabilities classes. A rider may show in only one of the Riders with Disabilities/Heroes On Horses categories, Independent or Supported. If a rider's condition deteriorates so that the rider can no longer ride as an independent rider, but now needs support, this must be documented by the physician and, if participating in a therapeutic riding program, the certified PATH instructor.

Rider Information

Rider Name:	
Address:	City/State/Zip:
Phone:	Email:
Branch of Service:	Time in Service:

PATH Intl. Equine Services for Heroes Information

Therapeutic Riding Facility:	
Address:	City/State/Zip:
Phone:	Email:
Website:	Contact:

National Snaffle Bit Association Foundation

1391 St. Paul Ave. Gurnee, IL 60031 224-277-4265 (phone) 847-625-7435 (fax)
www.nsba.com NSBAWorldShow@nsba.com

Will this horse be shown in any other class(es) at the NSBA World Championship Show? Yes No

If so, please list which class(es) the horse will be participating in to allow adequate time to be made for tack changes and/or potential class conflicts:

For Veterans who do not participate in Therapeutic Riding programs, please attach the Department of Veteran Affairs letter recording the dates of service, the Service-connected Disability Rating, and the date it was awarded.

Adaptive Equipment

Please indicate which adaptive equipment is needed:

<input type="checkbox"/> Audio Communication	<input type="checkbox"/> Saddle Blocks/Wedges/Cushions	<input type="checkbox"/> Ladder Reins
<input type="checkbox"/> Boot Adaptations	<input type="checkbox"/> Seat Savers	<input type="checkbox"/> Rein Handles
<input type="checkbox"/> Hand Hold (flexible and/or rigid)	<input type="checkbox"/> Whips	<input type="checkbox"/> Rubber Bands
<input type="checkbox"/> Laces to tie stirrups/leathers to girth or cinch	<input type="checkbox"/> Bareback Pads	<input type="checkbox"/> Safety Stirrups
<input type="checkbox"/> Loop Reins	<input type="checkbox"/> Dowel Reins	<input type="checkbox"/> Surcingle
<input type="checkbox"/> Rein Handle Tethers	<input type="checkbox"/> Helmets	<input type="checkbox"/> Other _____

(Subject to approval)

Instructor Statement

This applicant will be using the above designated equipment while competing in the:

Independent Supported

I verify that the above information is accurate:

Name: _____ Date: _____

Signature: _____ Certification Number: _____