



LEAGUE CHARTER APPLICATION

THIS FORM MUST BE RECEIVED ON OR BEFORE OCTOBER 1, OF CURRENT YEAR
AMERICAN HORSESHOE PITCHERS ASSOCIATION OF INDIANA
305 E. SOUTH ST. MARTINSVILLE, INDIANA 46151
TELEPHONE: 765-342-5900

For the Year _____

NEW

☐

RENEWAL

☐

ALL LEAGUES MUST INCLUDE THE FOLLOWING COPIES OF THEIR CURRENT:
(1) Constitution (2) By-Laws (3) Rules

LEAGUE TYPE MEN ☐ WOMEN ☐ MIXED ☐ JUNIOR ☐

LEAGUE NIGHT _____ # OF MEMBERS _____

PLEASE PRINT OR TYPE APPLICATION

League Name _____ City _____ State _____ County _____

Location of Courts _____

Number of Weeks _____ Starting Date ____/____/____ Ending Date ____/____/____ Starting Time _____

When are league officers elected and when do they assume responsibilities? _____

When was your league organized? _____ When did your league become AHPA chartered? _____

How will you acquire the use of this property? Rent _____ Lease _____ Other _____

YOUR LEAGUE MUST CONSIST OF AT LEAST (10) CURRENT AHPA MEMBERS INCLUDING ALL LEAGUE OFFICERS.

From time to time, we may need to contact your league regarding business matters. Please list your officers. To maintain an accurate record, please keep us informed of any changes or additions made throughout the year.

PLEASE PRINT OR TYPE

1. President	_____	AHPA # _____	Phone # (____) _____	- _____	E-mail _____
Address	_____	City _____	State _____	Zip _____	
2. Vice President	_____	AHPA # _____	Phone # (____) _____	- _____	E-mail _____
Address	_____	City _____	State _____	Zip _____	
3. Secretary	_____	AHPA # _____	Phone # (____) _____	- _____	E-mail _____
Address	_____	City _____	State _____	Zip _____	
4. Treasurer	_____	AHPA # _____	Phone # (____) _____	- _____	E-mail _____
Address	_____	City _____	State _____	Zip _____	
5. Public Relations	_____	AHPA # _____	Phone # (____) _____	- _____	E-mail _____
Address	_____	City _____	State _____	Zip _____	

LEAGUE CHARTER AGREEMENT

The undersigned hereby apply for a league charter with the American Horseshoe Pitchers Association of Indiana and enclose the necessary papers for one calendar year. The undersigned agrees that a league charter will be valid or may be renewed only so long as our horseshoe activities are within AHPA Guidelines and in furtherance of AHPA objectives.

THE FOLLOWING LEAGUE OFFICERS MUST SIGN THIS APPLICATION

_____	____/____/____	_____	____/____/____
(President)	(Date)	(Secretary)	(Date)