



Roadster Off-Track Series

Class Addition

Thank you for your interest in nominating a show to host a 2025 Roadster Off-Track Series class!

The current list of shows with the USTA Roadster Off-Track Series class are *(as of March 15, 2025)*:

<u>Show Name</u>	<u>Month</u>	<u>Location</u>	
Asheville Saddlebred Classic	May	Asheville, NC	
Greater Boston Charity	May	Northampton, MA	
ARHPA	May	Harrodsburg, KY	
Rock Creek	June	Louisville, KY	
Blowing Rock Saddlebred	June	Blowing Rock, NC	
Cleveland Tri-State Charity	June	McDonald, TN	
Syracuse International	June	Syracuse, NY	
NC State Championships	September	Raleigh, NC	
Tri-State Classic	October	McDonald, TN	FINAL

To nominate an additional show not listed above to host a USTA Roadster Off-Track Series class, please fill out the form on the next page and submit to the USTA offices. Preferred delivery method is email (jessica.schroeder@ustrotting.com) or fax (844.229.1338). You can also mail the request to:

U. S. Trotting Association
Jessica Schroeder
6130 S. Sunbury Rd
Westerville, OH 43081

Once the Class Addition Request is received, an email confirmation will be sent to the Submitter listed on the form. If you have not received an email confirmation, we have not received the request.

Questions? Call 614.224.2291

Jessica Schroeder x3212
Jourdan Miller x3211



U.S. Trotting Association
6130 S. Sunbury Rd., Westerville, OH 43081-9309
www.ustrotting.com

Phone (toll free U.S. & Canada): 877.800.USTA (8782)
Phone: 614.224.2291 • jessica.schroeder@ustrotting.com
Fax (toll free U.S. & Canada): 844.229.1338

RoadsterSeries2-2025



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Class Addition Request Form

A. SHOW INFORMATION

Name of Show: _____

Location (city, state): _____

Show Date(s): _____

Show Website: _____

B. SUBMITTER INFORMATION

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

I am: _____ Associated with the show _____ An exhibitor/owner who would like to exhibit at the show

C. SHOW MANAGER/SECRETARY CONTACT INFORMATION *(if different than above)*

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

USTA/Show Manager Use Only:

Check Payable to (organization or person): _____

Amount Due: _____

D. SUBMISSION

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