

# APHA Show Approval Application



## American Paint Horse Association

P.O. Box 961023 ♦ Fort Worth, Texas 76161  
(817) 834-APHA (2742) ext. 245 ♦ Fax (817) 222-8489  
www.apha.com ♦ showapproval@apha.com

Office use only

Date Rec.: \_\_\_\_\_ Amt. Rec.: \_\_\_\_\_

ID No.: \_\_\_\_\_  Check  Credit Card

Date to Acct.: \_\_\_\_\_ Initials: \_\_\_\_\_

**Illegible applications will be returned.**

**Late fees apply to shows submitted less than 90 days prior to show date.**

This application must be returned with appropriate fees (\$25 per judge non-refundable member fee or \$50 per judge non-refundable non-member fee) attention: Performance Department, to the address above. Show Manager and Secretary contact information may be published.

Phone Number During Show: \_\_\_\_\_ E-mail: \_\_\_\_\_

Show Date: \_\_\_\_\_ Start Time: \_\_\_\_\_

Show Location: City: \_\_\_\_\_ State/Province/Country: \_\_\_\_\_

Show Sponsor/Organizer: \_\_\_\_\_ APHA I.D. Number: \_\_\_\_\_

Name of Show: \_\_\_\_\_ Is this a new show?  Yes  No

Arena Name: \_\_\_\_\_

Arena Address: \_\_\_\_\_

Entry Deadline: \_\_\_\_\_ Post entries accepted?  Yes  No Show Website: \_\_\_\_\_

Are stalls available?  Yes  No Stall Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you moving the show to another week?  Yes  No If this show was held last year list the dates: \_\_\_\_\_

Number of Judges:  Single Judge  Two Judge  Paint-O-Rama  Zone-O-Rama  Youth/Amateur  Special Event—Must list classes here or attach list of classes: \_\_\_\_\_

List all judges, including those that are not judging the entire show bill (see rule JU-000.G.6).

Primary Judges: 1. \_\_\_\_\_ 3. \_\_\_\_\_ 5. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_ 6. \_\_\_\_\_

Secondary Judges: Please list any judges that are judging part of the show bill (i.e. Trail)

1. \_\_\_\_\_ 3. \_\_\_\_\_ 5. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_ 6. \_\_\_\_\_

Show Manager: \_\_\_\_\_ APHA I.D. Number: \_\_\_\_\_

*\* Manager must be on the event grounds during the show. Fax and e-mail information required on international shows.*

Manager's Address: \_\_\_\_\_

Manager's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Manager's Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Manager's E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Show Secretary: \_\_\_\_\_ APHA I.D. Number: \_\_\_\_\_

*\* Secretary must be on the event grounds during the show. Fax and e-mail information required on international shows.*

Secretary's Address: \_\_\_\_\_

Secretary's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Secretary's Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Secretary's E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Send all correspondence to:  Show Manager or  Show Secretary Send Show Approval Notebook to:  Show Manager or  Show Secretary

**Drug and Tail Testing Statement of Cooperation** (required for Canadian and U.S.A. shows only)—Show management agrees to cooperate with the APHA and its representatives in connection with any drug and/or tail testing conducted by the association at this show. I agree to be bound by and abide by all rules, regulations and policies of the APHA.

Name (please print) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title With Show: \_\_\_\_\_ Signature: \_\_\_\_\_

Total Number of Judges: \_\_\_\_\_ x \$25 per judge = Total Enclosed: \_\_\_\_\_

Check or money order enclosed. **Do not send cash.**  MasterCard  Visa If paying by credit card, please complete the following:

If you pay by check, your check may be converted into an electronic funds transfer.

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ APHA ID No.: \_\_\_\_\_ Signature: \_\_\_\_\_