

APHA Show Approval Application

Office use only

Date Rec.: _____ Amt. Rec.: _____

ID No.: _____ Check Credit Card

Date to Acct.: _____ Initials: _____



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

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 \$75 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: _____

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. _____ Dates _____ 4. _____ Dates _____

2. _____ Dates _____ 5. _____ Dates _____

3. _____ Dates _____ 6. _____ Dates _____

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

1. _____ Dates _____ 4. _____ Dates _____

2. _____ Dates _____ 5. _____ Dates _____

3. _____ Dates _____ 6. _____ Dates _____

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 (or \$75 per judge non-member fee) = 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: _____