



SHOW APPROVAL CORRECTION FORM

Please submit all corrections on this form and return to the APHA office, P.O. Box 961023, Fort Worth, Texas 76161-0023 or fax to 817-222-8489.

Show Number _____ Show Date _____

Show City & State _____

Show Name _____

Add/Delete Judge _____

Add/Delete Classes _____

Change Management _____

(Manager/Show

Secretary, please list address, phone # & e-mail address)

Other

Changes made by: _____ Signature _____

Date _____

OFFICE USE ONLY:

Correction entered _____ Correction mailed _____

Judges letter re-mailed (if time allows) _____ Initials _____