

APHA Show Approval Application



American Paint Horse Association

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(817) 834-APHA (2742) • Fax: (817) 222-8458
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 fee) attention: Show Approvals, to the address above.
Show Manager and Secretary contact information may be published. **Copy of show bill is required.**

Phone Number During Show: _____ Show Date: _____ Start Time: _____

Show Location City: _____ State/Province/Country: _____

Show Sponsor/Organizer/Regional Club: _____ Membership/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: _____

Paint Alternative (PAC) Competition: All open all-breed classes offered by APHA regional clubs are automatically PAC-approved. See Rule PR-000 for more details.

APHA Show: <input type="checkbox"/> Single Judge <input type="checkbox"/> Two-Judge <input type="checkbox"/> Paint-O-Rama <input type="checkbox"/> Zone-O-Rama <input type="checkbox"/> Youth/Amateur <input type="checkbox"/> All-Novice <input type="checkbox"/> Contender Series
(Check only 1 box) # of judges _____ # of judges _____ # of judges _____ <input type="checkbox"/> Youth <input type="checkbox"/> Amateur # of judges _____

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. (Current membership required.)**

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. (Current membership required.)**

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

Show approval letter will be sent to the Show Secretary.

Show Management Manual is available online at apha.com/showing.

Payment Information

Total Number of Judges: _____ x \$25 per judge member rate (if received 90 days prior to show date)

Membership: 1-Year – \$65 3-Year – \$150 5-Year – \$250
Adult memberships now include a *Paint Horse Journal* subscription.

Late Show Application Fees (per Judge):

• Less than 90 days = \$100 per judge member rate Total: \$ _____

• Less than 60 days = \$175 per judge member rate Total: \$ _____

(see current APHA Rule Book for Fee Schedule)

Total Enclosed: \$ _____ (Include late fees if applicable)

Check or money order enclosed. Do not send cash. MasterCard Visa American Express If you pay by check, your check may be converted into an electronic funds transfer.

Card No.: _____ Exp. Date: _____ CVV #: _____

Name of Cardholder: _____ APHA ID No.: _____ Signature: _____

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.

★ **MUST BE SIGNED.**

Name: (please print) _____ Phone Number: _____

Title With Show: _____ Signature: _____