

# APHA Show Approval Application



## American Paint Horse Association

P.O. Box 961023 • Fort Worth, Texas 76161-0023  
(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.**

<b>APHA Show:</b> <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](http://apha.com/showing).

### Payment Information

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

**Membership:**  1-Year - \$45  3-Year - \$105  5-Year - \$175 (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: \_\_\_\_\_