

# APHA Regional Championship Program Application



## American Paint Horse Association

P.O. Box 961023 • Fort Worth, Texas 76161-0023  
(817) 222-6416 • Fax: (817) 834-3152  
apha.com • showing@apha.com

Send to: APHA Performance Department, P.O. Box 961023 • Fort Worth, Texas 76161-0023 or email to showing@apha.com.

Show Manager and Secretary contact information may be published. If Championship program is to be held for a circuit rather than a single show, please fill out the fields below for the first show of the circuit, and then attach the information for the other shows in the circuit with the showbill for each.

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: \_\_\_\_\_

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

Shipping Address for Awards: \_\_\_\_\_

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

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

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

### Judges:

Judge (Judges Name): \_\_\_\_\_ Judge (Judges Name): \_\_\_\_\_

Judge (Judges Name): \_\_\_\_\_ Judge (Judges Name): \_\_\_\_\_

**Divisions Offered:**  Youth  Amateur  Novice Youth  Novice Amateur

Show Manager: \_\_\_\_\_ APHA ID (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 ID (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 emailed to the Show Secretary.**

### MUST ATTACH SHOW BILL WITH CLASSES OFFERED

*(Please note that APHA only covers the cost of awards for up to 10 classes. Any additional classes are at the expense of show management. Also note that the show or circuit sponsor will be charged a \$2 Awards Fee per entry per class upon receipt of results)*

#### APHA Regional Championship Class List:

- |           |           |           |
|-----------|-----------|-----------|
| 1. _____  | 11. _____ | 21. _____ |
| 2. _____  | 12. _____ | 22. _____ |
| 3. _____  | 13. _____ | 23. _____ |
| 4. _____  | 14. _____ | 24. _____ |
| 5. _____  | 15. _____ | 25. _____ |
| 6. _____  | 16. _____ | 26. _____ |
| 7. _____  | 17. _____ | 27. _____ |
| 8. _____  | 18. _____ | 28. _____ |
| 9. _____  | 19. _____ | 29. _____ |
| 10. _____ | 20. _____ | 30. _____ |

**Statement of Cooperation (must be signed):** 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: \_\_\_\_\_