

AMERICAN PAINT HORSE ASSOCIATION

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(817) 222-6416
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Full Name: _____ APHA ID Number: _____

APPRENTICE SHOW INFORMATION

Judge I Wish to Apprentice: _____

Name of Show that I Wish to Apprentice Judge: _____

Location (City & State): _____

Dates of Show: _____

Name of Person Contacted for Permission: _____

Title of Person Contacted: _____

I have contacted the above-named judge and show, and they have granted their permission for me to apprentice judge.

Signature of Apprentice Judge

Date