

# APHA Show Approval Application



## American Paint Horse Association

122 E. Exchange Ave., Suite 420 • Fort Worth, Texas 76164  
apha.com • showapproval@apha.com

Select APHA services are available online at discounted rates. Scan or click the QR code to learn more.



Submit application with appropriate fees attention: Show Approvals, to the above address. One application per show. **Illegible applications will be returned.**  
If your event has 2 shows back-to-back you must complete two show applications, one for each show. **Copy of show bill is required.** Late fees apply to shows submitted less than 90 days prior to show date.

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: (Check only 1 box)	Single Judge	Two-Judge	Paint-O-Rama # of judges _____	Zone-O-Rama # of judges _____	Youth/Amateur # of judges _____	All-Novice	Contender Series Youth Amateur # of judges _____
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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. 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: \_\_\_\_\_

Show Secretary: \_\_\_\_\_ APHA I.D. Number: \_\_\_\_\_

**\* Secretary must be on the event grounds during the show. 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: \_\_\_\_\_

**Payment:** Paper applications are only acceptable if application fees are paid by check. All applications fees paid by credit card must be submitted at [apha.myshowday.com](http://apha.myshowday.com).

### Payment Information

Total Number of Judges: \_\_\_\_\_ x \$59 per judge member rate (if received 90 days prior to show date)

#### Late Show Application Fees (per Judge):

• Less than 90 days = \$99 per judge member rate Total: \$ \_\_\_\_\_

• Less than 60 days = \$179 per judge member rate Total: \$ \_\_\_\_\_

(see current APHA Rule Book for Fee Schedule) \*Discounted fees and rates available when you submit work online. [apha.myshowday.com](http://apha.myshowday.com)

Check or money order enclosed. Do not send cash. Checks may be converted into electronic funds transfer.

**Membership:** 1-Year – \$89 3-Year – \$199 5-Year – \$319  
Memberships include complimentary subscriptions to the *Paint Horse Journal* and *Chrome* magazines.

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

**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: \_\_\_\_\_

Payment must accompany any work submitted to APHA. By providing payment details, I am authorizing all charges necessary to complete this work.