

Paint Barrel Racing Incentive Program Special Event Approval Application

Office use only	
Date Rec.:	Amt. Rec.:
ID No.:	Check Credit Card
Illegible application	s will be returned.

This application must be returned to: APHA Racing Department, 122 E Exchange Ave #420 Fort Worth, Texas 76137 or email to cpeercy@apha.com.

Show Manager and Secretary contact information may b	e published.	
Show Date:		
Show Location City:	State/Province/Country:	
Show Sponsor/Organizer	APHA I.D. Number:	
Name of Show		
Arena Name:		
Arena Address:		
Entry Deadline:	Show Website:	
Phone Number:	E-mail:	
Are you moving the show to another week? ☐ Yes ☐ No	If this show was held last year, list the dates:	
DRDID Special Events Only 1-Set of	Points / Placings will be earned per day.	
PBRIP Added \$:	Judge No.:	
Show Manager:	APHA I.D. Number:	
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'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	Producer Packet is available online at pbrip.com	
Payment Information		
\$25 application fee per event. Total Enclosed: \$		
Check or money order enclosed. Do not send cash.	rCard 🗆 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:	Signature:	
Statement of Cooperation		
I agree to be bound by and abide by all rules, regulations and policies of the PBRIP program and APHA.		

Show management

Name: (please print)	Phone Number:
Title With Show:	Signature: