

PINTO HORSE ASSOCIATION OF AMERICA, INC.
REASONABLE ACCOMMODATION APPLICATION



7330 NW 23RD STREET • BETHANY, OK 73008
(405) 491-0111 • FAX (405) 787-0773
WWW.PINTO.ORG



Office Use Only

Member Name: _____ Member No.: _____ Birthdate: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone No.: _____ Fax No.: _____
E-mail address: _____

If applicable:

Legal Guardian Name: _____ Member No.: _____ Birthdate: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone No.: _____ Fax No.: _____
E-mail address: _____

Please complete application in its entirety. Please use additional pages as necessary and include any information deemed relevant to the application. Please note questions three and four must be completed by member's physician.

1. Identify the activity for which accommodation is sought:

2. Reason accommodation is needed:

3. Diagnosis (validation of disability)

- _____
- _____
- _____
- _____

4. Statement describing accommodation being sought. Please list all Compensatory Aids and Adaptive Equipment that will be used.

5. Other information deemed relevant to application: *(Please attach additional pages as necessary.)*

I attest that the information provided on this application is true and accurate and release the Pinto Horse Association of America, Inc. of any liability arising from said competition.

Member Signature: _____ Date: _____

Legal Guardian Signature (if applicable): _____ Date: _____

Physician Signature: _____ Date: _____

For Office Use Only:

Approved

Denied

Date Reviewed: _____ Signature of Executive Director: _____