## PINTO HORSE ASSOCIATION OF AMERICA, INC. 2024 SHOW APPROVAL APPLICATION



7330 NW 23rd Street • Bethany, OK 73008 (405) 491-0111 • FAX (405) 787-0773 SHOWS@PINTO.ORG • WWW.PINTO.ORG



## Approval applications must be received by the $PtHA^{\otimes}$ at least 60 days prior to the first day of the show. Please use seperate form per show.

Name of Show:	Show Dates:		
City and State where show is to take place:			
Do you plan to use computer results?	es 🔲 No If yes, whic	ch program?	
Statement of Cooperation signed and dated?	es 🔲 No		
Will you make your own Judge Cards?	es 🔲 No (If yes, judg	ge cards will not be sent)	
Do you plan to submit results via e-mail?	an to submit results via e-mail?		
How do you want to receive your packet and judge cardstock paper)	cards?	nail (PDF: If you want to print judge cards to colored or	
Arena Name:	Arena Location:		
Arena Address:	Arena Phone No.:		
PtHA Charter sponsoring this show (if applicable):			
Individual/Organization sponsoring this show (if ap	pplicable):		
Did you hold this same PtHA-approved show last y If so, in what city and state?  What show name?		] No On what dates?	
Contact Person:	erson to whom all correspondence s	should be sent)	
PtHA Membership No.:	Signature	::	
Mailing Address:	E-mail: _		
UPS Address:	Home Pl	hone () Cell Phone ()	
City: State:	Zip: Work Ph	none ()	
		Telephone numbers for the contact person are mandatory.	
Judges – All judges must be listed. Only approved PtH	1		
Name of Judge		Date Judging	
Certified Measurer (if holding miniature or pony	classes):		
General Information – List charter club(s)	co-sponsoring or co-pointin	ng this show	
Club Name	President	Co-Sponsoring Co-Pointing	
		☐ Co-Sponsoring ☐ Co-Pointing	

Application must have all original signatures. All show managers and show secretaries must be PtHA members. Show Manager: PtHA Membership No.: \_\_\_\_\_\_ Signature: \_\_\_\_\_ E-mail: Mailing Address: \_\_\_\_\_ UPS Address: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_ Cell Phone (\_\_\_\_) City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ Work Phone (\_\_\_\_) \_\_\_ Show Secretary: (Person to receive show packet) PtHA Membership No.: Signature: Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_ \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_ Cell Phone (\_\_\_\_\_) UPS Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ A complete show bill of all classes offered must accompany this application. Incomplete applications will not be approved. Fee Charges at Show Classes held at this show include: Horse - Color Per Class Flat Fee Horse - Solid Open Classes \_\_\_\_ Pony - Color \_\_\_\_\_ Pony - Solid \_\_\_ Miniature - Solid \_\_\_\_ Miniature - Color Amateur Classes Utility - Solid Youth Classes \_\_\_\_ Utility - Color Long Ears Statement of Cooperation On behalf of the management of the show stated in this application, I (we) agree to comply with the Pinto Horse Association of America, Inc. (PtHA) rules in the conduct of the stated show. All classes, whether approved or not, shall be conducted and judged in accordance with the PtHA rules. Show management agrees to indemnify and hold harmless the PtHA from any and all liability, if any, arising as a result of the granting of this show approval or from the actual show itself. In the event that the PtHA is threatened with legal action or if legal action is taken against the PtHA, I (we) agree to timely pay on demand from the PtHA all legal fees, costs and expenses in connection with this matter. Further, if judgment is taken against the PtHA, I (we) agree to pay said judgment in a timely fashion and secure a written relesse satisfactory to the PtHA. Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_ Show Approval Fees (non-refundable) Before Dec. 31 After Dec. 31 \_\_\_\_\_ Multi-Judge (2 Judges) ......\$\_\_\_\_\_\_\$60 ......\$120 .......\$\_\_\_\_\_ \_\_\_\_ Multi-Judge (3 Judges) ......\$90 .....\$180 ......\$ Jubilee Show (3 Judges plus average card) \$120 \$240 \$240 \$ Checklist: Payment \_ Form (1 per show) \_\_\_\_ Showbill \_ Entry Form

Method of Payment: (US Funds) (Starting August 1, 2022 a 3% credit card transaction fee will be added)

\_Check \_\_Visa \_\_MasterCard \_\_Discover \_\_American Express Card No.: \_

Name on Card: \_\_\_\_\_

CVV#

\_\_\_\_\_Exp. Date: \_\_\_\_\_

Signature of Card holder: \_\_\_\_