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: | ne of Show: | | | Show Dates: | | | |
|---|-------------------------------------|--------------|---------------------------------|------------------------------|---------------------------|--|--|
| City and State where show is to take pla | ace: | | | | | | |
| Do you plan to use computer results? | ☐ Yes | □ No | If yes, which progra | m? | | | |
| Statement of Cooperation signed and d | ated? Yes | ☐ No | | | | | |
| Will you make your own Judge Cards? | Vill you make your own Judge Cards? | | | | | | |
| Do you plan to submit results via e-mai | be sent to shows@pinto.o. | rg only.) | | | | | |
| How do you want to receive your packer cardstock paper) | t and judge card | ls? 🔲 1 | Mail 🔲 Email (PDI | F: If you want to print jud | ge cards to colored or | | |
| Arena Name: | | | Arena Location: _ | | | | |
| Arena Address: | Arena Phone No.: | | | | | | |
| PtHA Charter sponsoring this show (if | applicable): | | | | | | |
| Individual/Organization sponsoring thi | s show (if applic | cable): | | | | | |
| Did you hold this same PtHA-approved If so, in what city and state? What show name? | · | | On v | | | | |
| Contact Person: | (Person | ı to whom ai | ll correspondence should be ser | nt) | | | |
| PtHA Membership No.: | | | Signature: | | | | |
| Mailing Address: | | | E-mail: | | | | |
| UPS Address: | | | Home Phone (|) Cell Ph | one () | | |
| City: State: | Zir | p: | Work Phone (|) | | | |
| | | | Tele | ephone numbers for the conta | act person are mandatory. | | |
| Judges – All judges must be listed. Only ap | pproved PtHA ju | ıdges will | be accepted. | | | | |
| Name of Judge | | | Date Judging | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Certified Measurer (if holding miniatu | ire or pony clas | ses): | | | | | |
| General Information – List ch | arter club(s) co-s | chonsorino | s or co-pointing this sho | 0.51) | | | |
| Club Name | uici ciuo(s) co-s | ponsoring | President | -ω | | | |
| Ciub Ivalile | | | 1 resident | ☐ 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% debit/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: ___