PINTO HORSE ASSOCIATION OF AMERICA, INC. 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	place:					
Do you plan to use computer results	?	□ No	If yes, which progra	m?		
Statement of Cooperation signed an	d dated? 🔲 Yes	☐ No				
Vill you make your own Judge Cards? ☐ Yes ☐ No (If yes, judge cards v				will not be sent)		
Do you plan to submit results via e-mail? 💮 Yes 🔲 No (If yes, results must l				be sent to shows@pinto.or	g only.)	
How do you want to receive your pac cardstock paper)	cket and judge car	ds?	Mail 🔲 Email (PDI	F: If you want to print judg	e 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 appli	icable):				
Did you hold this same PtHA-appro If so, in what city and state? What show name?	·		On v			
Contact Person:	(Perso	n to whom a	ll correspondence should be ser	nt)		
PtHA Membership No.:	·		Signature:			
Mailing Address:			E-mail:			
UPS Address:			Home Phone () Cell Pho	one ()	
City: Sta	ate: Zi	p:	Work Phone ()		
				ephone numbers for the conta	ct person are mandatory.	
Judges – All judges must be listed. Onl	y approved PtHA j	udges will	be accepted.			
Name of Judge				Date Judging		
Certified Measurer (if holding min	iature or pony cla	sses):				
General Information – Lis	st charter cluh(s) co-	sponsoring	r or co-pointing this sho	971)		
Club Name	, ,	sponsor mg	President			
Ciab I tame				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 Single Judge PtHA\$25\$50...... Futurity Show\$25/judge\$50/judge\$_____ **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: ___