



Paso Fino Horse Association, Incorporated

TRAIL HORSE TEST APPROVAL APPLICATION

TRAIL HORSE TEST INFORMATION:

Test Date(s): _____ Hosting Region or Farm: _____

Venue: _____

Address of Venue: _____

City: _____ State: _____ Country: _____ Zip: _____

ANTICIPATED NUMBER OF HORSES TO BE TESTED:

Junior Level Number of Horses: _____ Senior Level Number of Horses: _____ Master Level Number of Horses: _____

Designated Test Requestor:

Name: _____ PFHA Number: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: _____ Email: _____

RECREATIONAL RIDER COMMITTEE APPROVED JUDGE(S) AND TEST MANAGEMENT:

Name of Judge(s)

Judge 1: _____ Phone: _____ Email: _____

Judge 2: _____ Phone: _____ Email: _____

Test Marshal:

Name: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: _____ Email: _____

IMPORTANT NOTES:

1. To hold a Paso Fino Horse Association sanctioned test, the test must be approved by the Chair of the Recreational Rider Committee.
2. Two judges are required to test a horse at the Master level. One judge must be present at the testing. The other judge shall review a video tape. See the THT Rules for instructions on how to video tape.
3. The Designated Test Requestor must be a member in good standings of the Paso Fino Horse Association at the time the test is requested.
4. The Designated Test Requestor is responsible for conducting the test in accordance with the Trail Horse Test Rules.
5. The Designated Test Requestor is responsible for the financial management of the test, which includes payment of the judge(s)' fees/expenses, payment of the Marshal's fees/expenses. The Requestor will make the payment arrangement directly to the judge(s) and marshal.
6. The Designated Test Requestor is responsible for the remittance of the application fee and the entry fees to the Recreational Rider Committee.

Designated Test Requestor's Signature:

Signature: _____

Name: _____ Date: _____

FOR OFFICE USE ONLY:

Trail Horse Test Number: _____

THE TEST DATES SUBMITTED HAVE BEEN:

_____ APPROVED _____ NOT APPROVED

IF NOT APPROVED, REASON FOR NON APPROVAL: _____

Recreational Rider Committee Chairperson: _____ DATE: _____

INSTRUCTIONS FOR PROCESSING THIS FORM:

1. Fill out this form in its entirety, enclose the appropriate fees and return this form to the PFHA.
2. Checks should be payable to Paso Fino Horse Association
3. Form and check should be mailed to the PFHA, 4067 Iron Works Parkway, Lexington, KY 40511