

Paso Fino Horse Association, Incorporated.

1003 Twilight Trail Ste 2, Frankfort, KY 40601 (859) 689-3700 FAX (859) 689-3702 www.pfha.org

AFFIDAVIT

PFHA Membership Number:				
Last Name:	First Name:		Middle Initial:	
Address:				
City:		•	Zip code:	
Phone Number:				
Email Address:			_	
I hereby affirm that the information	n provided in this affidavit	is true, correct, and a	accurate to the best of my know	/ledge. <u>I</u>
acknowledge and agree that if this	affidavit is being submitted	d in relation to a repo	ort of castration, I am required t	o mail the
Original Certificate, along with the	applicable payment, to the	PFHA Office within	30 days of the date of this affida	avit's
execution. I understand that failure	to submit the Original Cer	rtificate within this sp	pecified time frame may result i	n the
forfeiture of points earned from th	<u>is show.</u>			
Signature:		Date	e:	
Horse: In case of unavailable horse	registration papers, fill out	t below.		
Horse's Registered Name:				
Horse's Registration Number:	Date of Birth:	//	(MM/DD/YYYY)	
Sex of Horse: Mare Gelding	Stallion			
The PFHA Rulebook, Chapter Two, Se	ection II, D. & E., Page 79:			
D. Credentials				
The following credentials must be made	de available to Show Manage	ement and the Associat	tion Steward and copies of said cr	edentials must
accompany the entry form; however, i	items 1 and 3 below may be	electronically verified	where possible by the show	secretary
through the PFHA and/or USEF websit	e and therefore eliminating	the need to produce co	ppies at the show.	
1. Each participant's Association mem	bership card and USEF card,	if applicable.		
2. The participant's Association Amate	ur card if applicable.			
3. A copy of each horse's entry's regist	ration papers or Show Valida	ation Certificate		
4. All other papers and health docume		mpetition managemen	t.	
5. Copies of applicable Lease Agreeme	nts.			
6. Affidavits of Sales Contracts.				
E. Affidavit.				:
If any of the information required in So address, the fact that he or she is not it		•		_
These statements will be submitted to	•			
the Association shall levy an appropria		are results of the comp	cuttom if a participant mes a frau	darent amaavit,
l,	, do hereby affirm that I am	not in possession of	all required credentials as outlin	ed above.
Credentials not in possession:				
·				
Reason for lack of above credentials	:			