



Paso Fino Horse Association, Incorporated

1003 Twilight Trail Suite 2, Frankfort, KY 40601 (859) 689-3700 Fax: (859)689-3702 info@pfha.org www.pfha.org

SHOW APPROVAL – FINAL APPLICATION

SHOW INFORMATION

Name of Show: _____

Show Date(s): _____ Hosting Region(s): _____

Show Venue: _____

Address: _____

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

Type of Show: (Please choose one) <input type="checkbox"/> Local (L) <input type="checkbox"/> All Paso (AP) <input type="checkbox"/> All Breed (AB) <input type="checkbox"/> All Paso/International (AP/I) <input type="checkbox"/> All Paso/USEF (AP/USEF) <input type="checkbox"/> All Breed/USEF (AB/USEF)	Would you like a PFHA Show Management & Secretary Handbook? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will this show be live streamed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please add link here:
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Important Note: All information on the form, along with any fees and a class list must be submitted to the Association *at least* 60 days prior to the date of the show to avoid paying double fees. Any information on the form may be used for publication by the PFHA. For an AP, AP/I, or AP USEF Show, a check for \$150 per complete class schedule per *each* judge must accompany this application. For a L, AB or AB/USEF Show, a check for \$50 must accompany this application. US Equestrian Federation Sanctioned Show approval is the responsibility of the Region– NOT the PFHA.

PFHA LICENSED OFFICIALS AND SHOW MANAGEMENT:

*****Any changes to the below information, class schedule, show date or venue must be submitted to the Executive Director for approval*****

JUDGES: INDIVIDUAL CONFERRING AVERAGE SCORE OF 3 OR 5 JUDGES

Name of Judge: _____	Date Judging Show: _____	Show Number: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STEWARDS:

Name of Steward: _____

USEF Steward (if applicable): _____

Show Contact:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Show Secretary:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Email: _____

Designated Regional Representative:

Name: _____

Signature: _____

Date: _____

For Office Use Only:

PFHA Competition Number: _____

The Show submitted on this form has been:

____ Approved _____ Not Approved

If not approved, reason for non-approval: _____

Executive Director: _____ Date: _____

Instructions for processing this form on reverse side.

GUEST JUDGES:

1. The show management may apply to have a Guest Judge officiate a PFHA event.
2. If applying to have a guest judge, the PFHA must be notified in writing (either email or mail) at least ninety (90) days prior to the start date of the show.
3. The guest judge notification will be presented to the Judges and Stewards Committee for approval if received ninety (90) days prior to the start date of the show.
4. For approval from USEF, the application must be received by the United States Equestrian Federation at least twenty on (21) days prior to the start of the show at which the guest judge is to officiate.

SHOW PROCEDURE OUTLINE:

To hold a Paso Fino Horse Association (PFHA) sanctioned show, the show must be sponsored by one of the PFHA Regions.

1. Apply for show date: Information needed: Date, Location, Show Classification, Responsible Contact Person,
2. appropriate fees, class schedule, and names of Judges, Stewards and Show Secretary.
3. 90 Days Prior to Show: If you plan to use a Guest Judge (official NOT licensed with the PFHA), the request must be received at the PFHA Show Department ninety (90) days prior to the start date of the show.
4. 60 Days Prior to Show: The following information must be at the PFHA office: Judge(s), Steward(s), Show Secretary, Show Contact and List of Classes. Show officials may be advertised only after PFHA approval of show is received by Regional show management.
5. 30 Days Prior to Show: Show packet sent to Show Secretary by PFHA Office.
6. Week Prior to Show: Enter and check all Pre-Entry forms. Exhibitor membership's forms can be checked on the PFHA Web Site.
7. Day of the Show: Make sure all entries meet all requirements (i.e. Amateur Owner Status, Sales Contracts, Gelding's Registration Papers say "Gelding," all owners and exhibitors are current PFHA members). Do not hand out back numbers until this information is complete. Do class sheets, Judge(s) cards and give out Steward's report for prior to show start.
8. Day After the Show: Mail to PFHA all new and renewal memberships and fees as per PFHA rules. This is strictly enforced!
9. 15 Days After the Show: All fees and results must be sent to the PFHA Office fifteen (15) days after the conclusion of the show.

Reminder: Completed show results MUST be postmarked no later than Fifteen (15) days after the completion of the show. Electronic results are to be put into .DTA format and emailed to the Competitions Coordinator within fifteen (15) days after the completion of the show.

Instructions for Processing this Form:

This form should be submitted after the Show Approval - Initial Application has been submitted and approved for a show to be approved.

2. Fill out this form in its entirety, enclose the appropriate fees and return this form a long with a copy of the show's class schedule to the Association for processing. It can be returned by mail, fax or email.

3. After this form is processed, a copy of the form will be sent to the Regional President (if applicable), Show Contact and Show Secretary with the approval or non-approval noted and the PFHA show numbers listed next to the judges

4. If approved, a show package will be sent to the Show Secretary approximately thirty (30) days prior to the start date of show, if requested below

Method of Payment:

DO NOT SEND CASH

_____ Check/Money Order Payable to PFHA OR Credit Card _____ VISA _____ MASTERCARD _____ AMEX

Amount Paid \$ _____

Check Number: _____

Card Number: _____ Expiration Date: _____ CVV: _____

Card Holder's Name: _____

Card Holder's Address: _____

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

Card Holder's Home Phone: _____ Cell Phone: _____ Work Phone: _____

Card Holder's Fax: _____ E-mail Address: _____

Card Holder's Signature: _____

*If you desire a show box, a \$15 shipping fee will be applied.

Would you like a show box?

Yes

No

A 3% convenience fee on all credit card transactions will be applied.