



Paso Fino Horse Association, Incorporated

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SHOW APPROVAL – INITIAL 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 must accompany this application. For a L, AB or AB/USEF Show, a check for \$50 must accompany this application. This payment will be credited to the fees due with the Final Show Approval Application. US Equestrian Federation Sanctioned Show approval is the responsibility of the Region– **NOT the PFHA.**

Show Contact:

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone: _____
Email: _____

Designated Regional Representative:

Name: _____
Signature: _____
Date: _____

Show Secretary:

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone: _____
Email: _____

Would you like a show box?

Yes
 No

INSTRUCIONS FOR PROCESSING THIS FORM

1. Fill out this form in its entirety, enclose the appropriate fees and return this form for processing. It can be returned by mail, fax, or email.
2. 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 of dates.
3. If dates are approved, the Show Approval Application must be filled out in it's entirety and submitted for processing at least sixty (60) days before the scheduled show date; if not received by that date **show fees will be doubled.**
4. Note: Show dates WILL NOT be reserved or approved without the appropriate fees.
5. Note: The show dates must be approved BEFORE the show is advertised.

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.

What to Expect Next:

1. Once show dates are approved, the Show Approval Application must be completed and submitted.
2. Fill out this form in its entirety, enclose the appropriate fees and return the **Final Show Application** to the Association for processing. It can be returned by mail, fax, or email.
3. After the Final Show Application 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.
4. If approved, a show package will be sent to the Show Secretary approximately thirty (30) days prior to the start date of the show, if requested above.
5. Note: Show dates **WILL NOT** be reserved or approved without the appropriate fees.

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: _____

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

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