

Paso Fino Horse Association, Incorporated

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

PFHA APPLICATION FOR STEWARD

APPLICANT INFO	ORMATION:				
Last Name:		First Name:		Middle Initial	
PFHA Membershi	p Number:	Birthdate://			
City:		State:	Country:	Zip:	
Home Phone:		Cell Phone:	Work Phone:_		
Fax:		E-Mail Address:			
This application constitutes an agreement that the person making it is subject to and shall be bound by the Constitution and Rule Book of the Paso Fino Horse Association, shall accept as final the decision of the Judges and Stewards Committee and the Hearing Committee (as applicable) on any question arising under such rules and shall hold the Association, Directors, employees, and members of any Committee of the Association harmless from all liability in connection with any action taken with respect to this application. The construction and application of the Constitution and Rules of the Association and this agreement are governed by the laws of the State of Tennessee. By signing this application, I, the applicant agree that the confidentiality of all evaluation and submissions regarding my application shall be maintained under the PFHA rules (Article X. 6) and I hereby waive and release any right to examine my file, and agree to hold harmless the PFHA, the Judges and Stewards Committee and all licensed officials and PFHA members from any and all claims, including claims for negligence, regarding this application, and any action taken regarding it. I have read and understand the application process (CH. F I.), and agree to be bound by them. Applicant Signature: Date: Date:					
	NARD CRITERIA: ia must be met before an a	pplication to become a Steward	is accepted:		
probation members Paso Fino 2. Applicant 3. Applicant application 4. Application members and good 5. Applicant 6. Applicant After a re 7. When all the applic 8. The Chair time, the	or reprimand by the PFHA of the USEF with no record of the aption of the aption of the applicant's family the categories in all areas for the application and the application and attend the next certified of the application and the next certified of the application and the next certified of the application of the application and the next certified of the application of the applicant of the candidate in the test of the next Steward better) another of the applicant in writing that he/she is will send the applicant the Chair will state reasons why	for the five-year period immedia of suspension, probation or repriner breed for five years.) the years of age. ciation as a trainer, breeder, or a strom this requirement). We licensed officials (judges and strough a written and signed quest application to be accepted. In the property of the test, an applicant of the test as a written test based on the Rule of the test o	er, breeder, or active competitor for the five-year period preceding ement). als (judges and stewards) and 5 senior members of the Association who are not not signed questionnaire. Questionnaires must be answered in the excellent accepted. Beward, member of the PFHA Board of Directors, or Regional Director. St with 85% score within sixty (60) days of application. St, an applicant becomes an approved applicant and will be required to: after approved application and at this clinic: assed on the Rule Book and score 85% or higher. Test is to be closed book at the the applicant becomes a Learner Steward candidate. Be as a Learner Steward with a minimum of three (3) Senior Certified Stewards anding a certified clinic. Chould pass all three (3) learner sessions with excellent or good in all categories. The steward as much as possible in order to gain experience and must attend three (3) learner sessions have been satisfactorily completed and pass (85% or at clinic. The detail the chairperson of the Judges and Stewards Committee will notify the Committee. Be and Stewards Committee in writing. If the decision is not to certify at this		
APPLICANT'S SPONSOR: Must be a PFHA judge, steward, member of the PFHA Board of Directors, or a PFHA Regional Director. This person must write a letter outlining reasons why he/she believes the applicant to be worthy of becoming an Association judge. You are responsible for getting your sponsorship letter sent in to the Association office.					
Sponsor name:		PFH <i>P</i>	Number:		

PLEASE ANSWER ALL QUESTIONS IN FULL. CONTINUED ON REVERSE SIDE OF FORM.

PLEASI	E ANSWER ALL QUESTIONS COMPLETELY:	
1.	How long have you been a member of PFHA?	
2.	Have you ever been suspended, reprimanded, or placed on probation by PFHA for a violation of the rules?	
3.	General experience as a trainer, breeder, and/or active competitor:	
4.	Names and addresses of five (5) PFHA licensed officials (judges or stewards) who are endorsing you as an apprent of your family:	olicant and are not
	1	
	2	
	3	
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	5	
5.	Names and addresses of five (5) Senior PFHA members who are not members who are endorsing you as an approximately approximately approximately approximately and addresses of five (5) Senior PFHA members who are not members who are endorsing you as an approximately appr	oplicant and are not
	members of your family:	
	1	
	2	
	3	
	4	
	5	
6.	Reason for desiring to become a PFHA steward:	
7.	Steward Experience:	
	1. Do you hold a USEF License in any division? If so describe your experience and length of membership with t	he USEF?
	2. Have you ever acted as Steward for Paso Fino horses? If so, give specific dates, sponsoring organizations, e	tc.:
	ICTIONS FOR PROCESSING THIS FORM:	
2. Upon a	orm is used to present an application to become a PFHA licensed steward. acceptance of the application, the applicant will be sent an open book test, which must be passed with a score of 85% and ret	urned within sixty (60) days
	te of application. In this application as well as a NON-REFUNDABLE \$50.00 application fee to the PFHA office:	
P	Paso Fino Horse Association	
	1003 Twilight Trail Suite 2, Frankfort, KY 40601	
F	Fax: (859) 258-2125 al application to be filed at the PFHA office; copy of application sent to Chair of Judges and Stewards Committee	
4. Origina		
APPLICA	DD OF PAYMENT: DO NOT SEND CASH ATION FEE: \$50.00	A 3% convenience fee
Amount	Check/Money Order Payable to PFHA OR CREDIT CARD: VISA MASTERCARD AMEX Paid \$ Impor: Security Code: Impor: Security Code:	on all credit card transactions will be applied
	older's Name:	-1-1-1-3
	older's Address:	
	older's City: Zip:	
	older's Home Phone: Cell Phone: Work Phone:	
	older's Fax: E-Mail Address:	
	older's Signature:	