

## 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:			Zip:
ANTICIPATED NUMBER OF HORSES TO Junior Level Number of Horses:		: Master Level Nu	umber of Horses:
Designated Test Requestor: Name:		PFHA Number:	
Address:			
City:	State:	Country:	Zip:
Phone:Emo	ıil:		
RECREATIONAL RIDER COMMITTEE AP Name of Judge(s)	PROVED JUDGE(S) AND TEST N	MANAGEMENT:	
Judge 1:	Phone:	Email:	
Judge 2:	Phone:	Email:	
Test Marshal:			
Name:Address:			
City:	State:	Country:	Zip:
Phone:Email	il:		
IMPORTANT NOTES:  1. To hold a Paso Fino Horse Association sanct 2. Two judges are required to test a horse at th tape. See the THT Rules for instructions on he 3. The Designated Test Requestor must be a m 4. The Designated Test Requestor is responsible expenses, payment of the Marshal's fees/ex 6. The Designated Test Requester is responsible and the entry fees to PFHA. For each horse that is awarded a Junior Trail For each horse that is awarded a Master Tra For each video submitted, please remit \$35.  Designated Test Requestor's Signature Signature: Name:	e Master level. One judge must be pow to video tape. ember in good standings of the Paso of for conducting the test in accordance for the financial management of the spenses. The Requester will make the for the remittance of the application I Horse Title, please remit \$12.00. I Horse Title, please remit \$20.00. il Horse Title, please remit \$50.00. 00 to the Master Trail Horse Test Judge:	Fino Horse Association at the ce with the Trail Horse Test Retest, which includes payment arrangement direct of \$20.00 (additional \$50.00).  A 3% convenience feed be applied	e time the test is requested. ules. ent of the judge(s)' fees/ ectly to the judge(s) and marshal. 50 if under 60 days to test) e on all credit card transactions will
FOR OFFICE USE ONLY:			
Trail Horse Test Number:THE TEST DATES SUBMITTED HAVE BEEN:APPROVED IF NOT APPROVED, REASON FOR NON	NOT APPROVED  APPROVAL:		
Approved by:		DATE:	

- 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, 1003 Twilight Trail Suite 2, Frankfort, KY 40601 Questions: PFHA 859-689-3700