



Paso Fino Horse Association, Incorporated

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

AMATEUR/SENIOR AMATEUR CARD APPLICATION

Amateur:

Last Name: _____ First Name: _____ Middle Initial _____

PFHA Membership Number: _____

If under the age of 18 as of September 1st, please provide your Date of Birth: ___/___/___ (MM/DD/YYYY)

If over the age of 62 as of September 1st, please provide your Date of Birth: ___/___/___ (MM/DD/YYYY)

Address: _____

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

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Fax: _____ E-Mail Address: _____

I certify that I have read and understand the PFHA Amateur Rule as per the most current version of the PFHA Rule Book, and that I do comply with same. I further certify that:

1. I have not accepted payment for riding, driving, showing in halter, training, schooling or conducting clinics or seminars.
2. I have not accepted payment for giving instructions in equitation or horse training.
3. I have not accepted payment for employment in another capacity, e.g. secretary, bookkeeper and rides, drives, shows in halter, trains or schools horses, or gives instructions when my employer owns, boards, or trains said horses.
4. I have not accepted payment for the use of my name, photograph, or a form of personal association as a horseman in connection with an advertisement or article to be sold.
5. I have not accepted prize money in equitation.
6. I have not ridden, driven or shown in halter in horse shows, on/with any horse for which I or a member of my immediate family has accepted payment for boarding or training.
7. I have not given instruction to any person or rides, drives or shows in halter at horse shows, any horse for which activity another person in my immediate family or corporation which a member of my family controls will receive payment.

I hereby certify to abide by and be bound by the Constitution of Rules of the Paso Fino Horse Association, Inc.

I understand that my Amateur Card is revocable as a result of protest or if the Association finds me not to be an amateur.

I hereby assert that if I become a professional for horse show purposes I will promptly notify the Association and will return my amateur card for cancellation.

Signature of Amateur Owner _____

Date: ___/___/___ (MM/DD/YYYY)

INSTRUCTIONS FOR PROCESSING THIS FORM:

1. The Amateur uses this form to certify that he/she is an amateur under the PFHA rules.
2. Members 62 years old and older at the beginning of the show year (September 1st) may compete for individual awards as a Senior Amateur. Date of birth must be included and member must meet all criteria for amateur owner status.
3. If you are not requesting Senior Amateur status, you do not have to include your date of birth.
4. Mail this form to:
Paso Fino Horse Association,
1003 Twilight Trail Suite 2,
Frankfort, KY 40601