

Paso Fino Horse Association, Incorporated

TRAIL HORSE TEST APPROVAL APPLICATION

TRAIL HORSE TEST INFORMATION:			
Test Date(s):			
Venue:			
Address of Venue:			
City:	State:	Country:	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 MA	NAGEMENT:	
Judge 1:	Phone:	Email:	
Judge 2:	Phone:	Email:	
Test Marshal:			
Name:			
Address:City:	State:	Country:	7in:
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 ho 3. The Designated Test Requestor must be a m 4. The Designated Test Requestor is responsible 5. The Designated Test Requestor is responsible expenses, payment of the Marshal's fees/ex 6. The Designated Test Requester is responsible date) to PFHA. The fees as listed below are of For each horse that is awarded a Junior Trai For each horse that is awarded a Senior Trai For each horse that is awarded a Master Tra For each video submitted, please remit \$35. Designated Test Requestor's Signature Signature: Name:	te Master level. One judge must be precow to video tape. ember in good standings of the Paso File for conducting the test in accordance for the financial management of the topenses. The Requester will make the performance of the application for the remittance of the application for the topenses. The Requester will make the performance of the application for the remittance of the application for the remittance of the application of the Indiana. I Horse Title, please remit \$12.00. I Horse Title, please remit \$20.00. I Horse Title, please remit \$50.00. Of the Master Trail Horse Test Judge	sent at the testing. The other of the with the Trail Horse Test Rest, which includes payment arrangement directed of \$20 (additional \$50 if 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. f less than 60 days from test e on all credit card transactions will
FOR OFFICE USE ONLY:			
Trail Horse Test Number: THE TEST DATES SUBMITTED HAVE BEEN:	NOT APPROVED		
IF NOT APPROVED, REASON FOR NON			
Approved by:		DATE:	

INSTRUCTIONS FOR PROCESSING THIS FORM:

- 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
- Form and check should be mailed to the PFHA, 1003 Twilight Trail Suite 2, Frankfort, KY 40601 Questions: PFHA 859-689-3700