



# Paso Fino Horse Association, Incorporated

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## SHOW APPROVAL – FINAL APPLICATION FOR NON-USEF SHOWS

### SHOW INFORMATION

Name of Show: \_\_\_\_\_

Show Date(s): \_\_\_\_\_ Hosting Region/Ind./Group(s): \_\_\_\_\_

Show Venue: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip code: \_\_\_\_\_

Type of Show: (Please choose <b>one</b> ) <input type="checkbox"/> Local (L) <input type="checkbox"/> All Paso (AP) <input type="checkbox"/> All Breed (AB)	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 <b>yes</b> , please add link here:
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**Important Note:** All information on the form, along with any fees, prize list 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 Show, a check for \$150 per complete class schedule per *each* judge must accompany this application. For a L or AB Show, a check for \$50 must accompany this application.

### PFHA LICENSED OFFICIALS AND SHOW MANAGEMENT: **\*\*\*Any changes to the below information, class schedule, show date or venue must be submitted to the Executive Director for approval\*\*\***

JUDGES:  INDIVIDUAL  CONFERRING  AVERAGE SCORE OF 3 OR 5 JUDGES

Name of Judge: \_\_\_\_\_ Date Judging Show: \_\_\_\_\_ Show Number (For Office Use Only): \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any/all guest judges and dates that they are judging if applicable:

\_\_\_\_\_  
\_\_\_\_\_

Please list any/all learner judges and/or stewards that will be attending, and dates, if applicable:

\_\_\_\_\_  
\_\_\_\_\_

#### STEWARDS:

Name of Steward: \_\_\_\_\_  
\_\_\_\_\_

Note: Shows with more than 250 horses in previous year's steward's report must have 2 stewards listed.

#### Show Secretary:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Show Contact/Manager:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Designated Regional Representative:

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Please include a list of names and contact information for this show's hearing committee (5-7 people).

Name (First and Last):

Phone Number:

Email Address:


Per USEF Affiliate Agreement, any competition, USEF or non USEF Competition, show organizers must enter an agreement with PFHA to comply with participant requirements per section 2.26 of the USEF/PFHA Affiliate Agreement.

**2.26 Require that any competition with which USEF AFFILIATE is associated prohibits participation by anyone on the U.S. Center for SafeSport or USEF suspension or banned lists. Such individuals must be prohibited from entry on the grounds and made to leave if they enter, except individuals on the medical suspension list who may be present on the grounds but prohibited from participating. This includes any competitions that USEF AFFILIATE recognizes results for purposes of point accumulation, award programs, or qualification, or any competition that USEF AFFILIATE associates its programs or brand with in any way.**

Show Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

Please list the Safe Sport Expiration Dates, Background Check renewal dates, and Competition Management Course Renewal of the following individuals. Please note that no show will be approved without these dates listed and that the Safe Sport Expiration dates **must fall after the end of the show.**

<b>Judges:</b>	<b>Dates of S.S Expiration:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<b>Steward(s):</b>	
_____	_____
_____	_____

<b>Show Secretary</b>	
_____	_____
_____	_____

<b>Show Contact/ Manager:</b>	
_____	_____
_____	_____

For Office Use Only:  
 PFHA Competition Number: \_\_\_\_\_  
 The Show submitted on this form has been:  
 \_\_\_\_\_ Approved      \_\_\_\_\_ Not Approved  
 Comments for Approval/Non-Approval: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions for processing this form and Show Procedure Outline on Next Page

## 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. Information needed to apply: Date, Location, Show Classification, Responsible Contact Person, appropriate fees, **class schedule**, and names of Judges, Stewards and Show Secretary.
2. 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.
3. 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.
4. 30 Days Prior to Show: Show packet sent to Show Secretary by PFHA Office.
5. Week Prior to Show: Enter and check all Pre-Entry forms. Exhibitor membership's forms can be checked on the PFHA Web Site.
6. 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.
7. Day After the Show: Mail to PFHA all new and renewal memberships and fees as per PFHA rules. This is strictly enforced!
8. 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.

## Instructions for Processing this Form:

This form should be submitted **after** the Show Approval - Initial Application has been submitted and approved for a show to be approved.

1. Fill out this form in its entirety, enclose the appropriate fees and return this form **along with a copy of the show's class schedule to the Association** 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 noted and the PFHA show numbers listed next to the judges
3. If approved, a show package will be sent to the Show Secretary approximately thirty (30) days prior to the start date of show, if requested below.

## Method of Payment: **DO NOT SEND CASH**

\_\_\_\_\_ Check/Money Order Payable to PFHA **OR** Credit Card \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMEX

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

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: \_\_\_\_\_

**Would you like a show box?**

Yes

No

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