

Application for Appaloosa Horse Club Specialty Event Approval

**2720 West Pullman Road, Moscow, ID 83843
Phone (208) 882-5578 OR FAX (208) 882-8150**

This form listing the name of show, show contact for all correspondence, the date(s) and location of the show and a complete list of classes, accompanied by a non-refundable application fee of \$25 (members) or \$50 (non-members) per judge, must be submitted for approval. Additional details such as show management and judges' must be received by the ApHC at least 100 days prior to the first day of the show.

1. Name of Show: _____
2. City and state where show is to be held: _____
3. Show dates: _____ 4. Deadline for entries: _____
5. Earliest starting time: _____ 6. Do you plan to submit results using software? Yes No
7. E-Mail Hand results (using official ApHC result forms) CD/Disk Hard Copy result sheets
Other _____ (please specify)
8. Arena Name: _____ Arena Location: _____
9. Arena Address: _____ Arena Telephone Number: _____
10. Regional club sponsoring this show (if applicable): _____
11. Did you hold this same ApHC-approved show last year? Yes No
If so, in what city & state? _____ On what dates? _____
What name? _____ What ApHCSShow Number/s? _____

12. Contact Person: _____
(Person to whom all correspondence should be sent)

ApHC Membership # _____ Signature _____

Address (mailing) _____ E-mail _____

Physical Address (UPS) _____ Res. () _____

City _____ State _____ Zip _____ Bus. () _____

Web site address: _____

	<u>FEE CHARGES</u>		<u>CATTLE CHARGES</u>		<u>OFFICE USE ONLY</u>
	Per Class	Package	Low	High	
Open	\$ _____	\$ _____	\$ _____	\$ _____	H _____
Non-Pro	\$ _____	\$ _____	\$ _____	\$ _____	P _____
Youth	\$ _____	\$ _____	\$ _____	\$ _____	NP _____
					Y _____
					Total _____

JUDGES

All judges must be listed.

Name of Judge	Date Judging	Membership #	Name of Judge	Date Judging	Membership #
_____	_____	# _____	_____	_____	# _____
_____	_____	# _____	_____	_____	# _____
_____	_____	# _____	_____	_____	# _____
_____	_____	# _____	_____	_____	# _____

General Information

List regional club(s) co-sponsoring or co-pointing this show, along with their Charter #.

1.	_____	_____	<input type="checkbox"/> Co-Sponsor	<input type="checkbox"/> Co-Pointing
	Club Name	Charter #		
2.	_____	_____	<input type="checkbox"/> Co-Sponsor	<input type="checkbox"/> Co-Pointing
	Club Name	Charter #		
3.	_____	_____	<input type="checkbox"/> Co-Sponsor	<input type="checkbox"/> Co-Pointing
	Club Name	Charter #		
4.	_____	_____	<input type="checkbox"/> Co-Sponsor	<input type="checkbox"/> Co-Pointing
	Club Name	Charter #		

TELEPHONE NUMBERS FOR THE CONTACT PERSON ARE MANDATORY.

DESIGNATE NUMBERS WHICH ARE NOT TO BE PUBLISHED IN

APPALOOSA JOURNAL WITH "DNP" BY THE TELEPHONE NUMBER. APPLICATION MUST HAVE ALL ORIGINAL SIGNATURES.

Contact Person : _____
 (Secondary person to receive show packet, if different from page 1.)

ApHC Membership # _____ Signature _____

Address (mailing) _____ e-mail _____

Physical Address (UPS) _____ Res. () _____ DNP _____

_____ Bus. () _____ DNP _____
CITY STATE ZIP

Show Manager : _____ e-mail _____

ApHC Membership # _____ Signature _____

Address (mailing) _____ Res. () _____ DNP _____

_____ Bus. () _____ DNP _____
CITY STATE ZIP

Show Secretary: _____ e-mail _____

ApHC Membership # _____ Signature _____

Address _____ Res. () _____ DNP _____

_____ Bus. () _____ DNP _____
CITY STATE ZIP

Ring Steward: _____ e-mail _____

ApHC Membership # _____ Signature _____

Address _____ Res. () _____ DNP _____

_____ Bus. () _____ DNP _____
CITY STATE ZIP

STATEMENT OF COOPERATION

On behalf of the management of the show stated in this application, I agree to comply with The Appaloosa Horse Club, Inc. rules in the conduct of the stated show. All classes, whether approved or not, shall be conducted and judged in accordance with these rules.

If notified by an ApHC representative that drug testing is to be conducted at this show, I agree to cooperate fully with The Appaloosa Horse Club, Inc. representative in conducting a drug test at this show. Show management shall provide three adjoining stalls in a location near the show arena. There will be no charge to the ApHC for these stalls.

Further, show management agrees to indemnify and hold harmless the ApHC from any and all liability, if any, arising to the ApHC by virtue of its granting us show approval, and if the ApHC is sued in a court of law, to defend it at our expense, and if judgment be taken against the ApHC, to pay said judgment and a written release form acceptable to the ApHC.

Signature _____ Date: _____

NOTE: A PRINTED SHOW BILL MUST ACCOMPANY THE SHOW RESULTS PER RULE 605.B.

METHOD OF PAYMENT (CHECK ONE)

Number of Judges _____ x \$25.00 = \$ _____ (S2)

Check \$ _____ Money Order \$ _____

Visa # _____ Expiration _____ \$ _____

Mastercard # _____ Expiration _____ \$ _____

Cardholder's Name _____

Cardholder's Address _____

Cardholder's Phone Number _____ ApHC Membership # _____

Cardholder's Signature (as it appears on credit card) _____

ApHC- Approved Specialty Event *Game Classes*

- Indicate which classes are to be offered. Mark only the boxes next to the classes you are holding at your specialty event.
- Must hold a minimum of three (3) classes.
- Must offer classes in all three divisions (open, youth, non-pro) if available even if the class is a non-pointed, optional class.

Classes	Open	Youth	Non-Pro
Keyhole Race	<input type="checkbox"/> All Ages (270)	<input type="checkbox"/> 18 & Under (260) <input type="checkbox"/> 13 & Under/14-18 (261, 262) <input type="checkbox"/> 12 & Under/13-15/16-18 (263, 264, 265) <input type="checkbox"/> Walk/Trot, 10 & Under (316)	<input type="checkbox"/> 19 & Over (270) <input type="checkbox"/> Novice (279)
Camas Prairie Stump Race	<input type="checkbox"/> All Ages (280)	<input type="checkbox"/> 18 & Under (210) <input type="checkbox"/> 13 & Under/14-18 (211, 212) <input type="checkbox"/> 12 & Under/13-15/16-18 (213, 214, 215) <input type="checkbox"/> Walk/Trot, 10 & Under (314)	<input type="checkbox"/> 19 & Over (281) <input type="checkbox"/> Novice (289)
Figure 8 Stake Race	<input type="checkbox"/> All Ages (290)	<input type="checkbox"/> 18 & Under (370) <input type="checkbox"/> 13 & Under/14-18 (371, 372) <input type="checkbox"/> 12 & Under/13-15/16-18 (373, 374, 375) <input type="checkbox"/> Walk/Trot, 10 & Under (317)	<input type="checkbox"/> 19 & Over (290) <input type="checkbox"/> Novice (299)
Nez Perce Stake Race	<input type="checkbox"/> All Ages (300)	<input type="checkbox"/> 18 & Under (220) <input type="checkbox"/> 13 & Under/14-18 (221, 222) <input type="checkbox"/> 12 & Under/13-15/16-18 (223, 224, 225) <input type="checkbox"/> Walk/Trot, 10 & Under (315)	<input type="checkbox"/> 19 & Over (301) <input type="checkbox"/> Novice (309)
Rope Race	<input type="checkbox"/> All Ages (600)	N/A	N/A

Total Number of Game Classes: _____

ApHC- Approved Specialty Event

Over Fence Classes

- Indicate which classes are to be offered. Mark only the boxes next to the classes you are holding at your specialty event.
- Must hold a minimum of three (3) classes.
- Must offer classes in all three divisions (open, youth, non-pro) if available even if the class is a non-pointed, optional class.

Classes	Open	Youth	Non-Pro
Jumping	<input type="checkbox"/> All Ages (480) <input type="checkbox"/> Preliminary (483)	<input type="checkbox"/> 18 & Under (280) <input type="checkbox"/> 13 & Under/14-18 (281, 282) <input type="checkbox"/> 12 & Under/13-15/16-18 (283, 284, 285)	<input type="checkbox"/> 19 & Over (180) <input type="checkbox"/> Novice (189)
Working Hunter	<input type="checkbox"/> All Ages (500) <input type="checkbox"/> Green (520) <input type="checkbox"/> Pre-Green (523)	<input type="checkbox"/> 18 & Under (360) <input type="checkbox"/> 13 & Under/14-18 (361, 362) <input type="checkbox"/> 12 & Under/13-15/16-18 (363, 364, 365)	<input type="checkbox"/> 19 & Over (170) <input type="checkbox"/> Novice (179)
Hunter Hack	<input type="checkbox"/> All Ages (400) <input type="checkbox"/> Junior (401) <input type="checkbox"/> Senior (402)	<input type="checkbox"/> 18 & Under (380) <input type="checkbox"/> 13 & Under/14-18 (381, 382) <input type="checkbox"/> 12 & Under/13-15/16-18 (383, 384, 385)	<input type="checkbox"/> 19 & Over (150) <input type="checkbox"/> Novice (159)
Hunt Seat Equitation Over Fences	N/A	<input type="checkbox"/> 18 & Under (170) <input type="checkbox"/> 13 & Under/14-18 (171, 172) <input type="checkbox"/> 12 & Under/13-15/16-18 (173, 174, 175)	<input type="checkbox"/> 19 & Over (160) <input type="checkbox"/> Novice (169)

Total Number of Over Fence Classes: _____

ApHC- Approved Specialty Event

Reining Classes

- Indicate which classes are to be offered. Mark only the boxes next to the classes you are holding at your specialty event.
- Must hold a minimum of three (3) classes.
- Must offer classes in all three divisions (open, youth, non-pro) if available even if the class is a non-pointed, optional class.

Classes	Open	Youth	Non-Pro
Reining	<input type="checkbox"/> All Ages (340) <input type="checkbox"/> Junior (341) <input type="checkbox"/> Senior (342) <input type="checkbox"/> Hackamore/Snaffle Bit (343)* *may not be combined with any other reining class	<input type="checkbox"/> 18 & Under (190) <input type="checkbox"/> 13 & Under/14-18 (191, 192) <input type="checkbox"/> 12 & Under/13-15/16-18 (193, 194, 195)	<input type="checkbox"/> 19 & Over (370) <input type="checkbox"/> Novice (379)

Total Number of Reining Classes: _____