Paint Alternative Competition Event Approval Application

American Paint Horse Association
P.O. Box 961023 • Fort Worth, Texas 76161
(817) 834-APHA (2742) • Fax (817) 222-8489
www.apha.com • pac@apha.com

Name of Club or Organization:			
Date of Application:/			
Please complete the application in full and submit a show premium with the application. Omitting information requested will delay processing.			
PAC-approved clubs must keep accurate records of pla Does the organization listed above keep accurate record			
PAC-approved clubs must provide APHA with show re will you provide APHA with show results containing the			
Please list the tentative show schedule and contact pho Tentative Show Schedule	ne numbers for each eve	ent if different than that for the club	o manager or secretary listed below.
Event Name	Date	Contact Name	Daytime Phone Number
	727.202	The state of the s	
		-	
May we publish your show dates and contact informati	ion in the Paint Horse Jou	urnal and on the APHA Web Site?	□ yes no
Club Contact Person for all Show Results:			
Address:			
City:			Zip:
Phone Number: Fax:			
E-mail: Club Web site:			
By signing this application, I affirm that the information and will provide formal show results to APHA upon re-			s as a representative of a PAC-approved club,
Club Manager or Secretary: Date:			
Paint Alternative Competition event approval The American Paint Horse Association will ha			ch year.
Return this form to: American Paint Horse Association Attention Performance Department P.O. Box 961023 Fort Worth, Texas 76161			