PRO TRAINERS INCENTIVE PROGRAM

SHOW/SHOWS AFFILIATION APPLICATION

NAME OF SHOW_____

ADDRESS_____

PHONE NUMBER_____

SHOW CHAIRMAN OR CONTACT PERSON_____

ADDRESS_____

CELL PHONE_____HOME_____

DATE OF SHOW_____

LOCATION OF SHOW_____

AFFILIATION FEE **$100 FOR SINGLE POINTS $150 FOR DOUBLE POINTS**

AMOUNT ENCLOSED $_____

_____

Signature of Responsible Party

Mail Check to: PRHTA

217 Glenn Springs Road
Lawrenceburg, TN 38464

If you have questions please call Barbara Johnston at 931-762-4485