RHBAA-HIO AFFILIATION APPLICATION

Name of Show_____

Show Date_____

Show Location (including City & Zip Code) _____

Sponsoring Organization_____

Show Manager/Chairman:	Show Secretary:
Name_____	Name_____
Address_____	Address_____
City, State, Zip_____	City, State, Zip_____
Home Phone_____	Home Phone_____
Business Phone_____	Business Phone_____
Fax_____	Fax_____
E-Mail_____	E-Mail_____

Person to whom Show Packet (class sheets, judge's cards, etc.) should be mailed, if other than show manager.

Name_____ One Judge_____ or _____ Three Judges

Address_____

City, State, Zip_____

1. I/we agree to abide by the Rules of the RHBAA-HIO and to use Judges(s) currently licensed by our association
2. I/We agree to honor the DQP assigned by the RHBAA-HIO in accordance with current USDA regulations. Said DQP will relive the sponsoring organization of liability per the Horse Protection Act.
3. I/We also agree to submit to the Association the items listed below within fifteen (15) days after the date of our show.
    A. Copies of each Class Sheet, with the winner marked to: 67 Horse Center Rd. Suite B Decatur Al 35603.
    B. Completed Show Manager's Report (furnished by the RHBAA-HIO)
    C. Total affiliation fees ($6.00 per entry)
4. Application must be made at least 30 days prior to the show
5. A printed copy of our class sheet is attached to this application. (For class sheets prepared using a computer, also please attach a copy on CD)
7. $70 Affiliation fee is sent with this application.

I hereby submit application to affiliate the above named horse show with the RHBAA-HIO.

Signature_____Date_____