RHBAA-HIO AFFILIATION APPLICATION

Name of Show_____

Show Date_____

Show Location (including City & Zip Code) _____

Sponsoring Organization_____

Show Manger/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: P.O. Box 622 Hartselle, AL 35640

B Completed Show Manager's Report (furnished by the RHBAA-HIO)

C Total affiliation fees ($8.00 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_____