



2014 AFFILIATION APPLICATION W.H.O.A, HIO

P.O. BOX 4007, MURFREESBORO, TN 37129-4007

PHONE 615/494-8822 FAX 615/494-8825

WWW.WALKINGHORSEOWNERS.COM - EMAIL: JOINWHOA@AOL.COM

PLEASE SUBMIT A COPY OF YOUR PREMIUM LIST WITH YOUR AFFIATION APPLICATION AND A \$50.00 AFFILIATION FEE

Name of Show _____ Date of Show: _____ Start Time: _____

Facility Name: _____

Address: _____ Phone Number: _____

City _____ State _____ Zip _____

Sponsoring Organization _____ Benefiting Charity _____



Number of Padded Walking Horse Classes _____

Number of Padded Racking Horse Classes _____

Number of Flat Shod Walking Horse Classes _____

Number of Flat Shod Racking Horse Classes _____

Number of other gaited breeds classes (Rocky Mountain, Spotted Saddle Horses, Fox Trotters, ect.) _____

Judges(s) _____ Total Prize Money for Show _____

APPLICATION SHOULD BE MADE WHEREBY AFFILIATION IS ESTABLISHED NOT LESS THAN THIRTY (30) DAYS PRIOR TO THE SHOW DATE

Show Management agrees to: 1) abide by the Rules of WHOA, 2) employ the Judges(s) currently licensed by WHOA, 3) provide an adequate space for the Designated Qualified Person (DQP) employed by WHOA and provide assistance as needed, 4) comply fully with all final disciplinary rulings by WHOA after notice thereof.

Show management must submit to WHOA, HIO within fifteen (15) days after the show: 1) Show Managers Report, 2) Class entry sheets which must be completed showing each horse entered and how entry placed (1st, 2nd, 3rd, etc) in appropriate space on the entry form, 3) Judge Evaluation on the form furnished by WHOA, (4) Judges cards where the show has multiple judges, (5) All exhibitors are required to be members of the Walking Horse Owners Association, hold amateur or youth card, or be a member of the Walking Horse Trainers Association. Temporary cards will be available, (6) Total affiliation fees of \$6 per horse per day, (7) Pay the WHOA assigned Designated Qualified Person (DQP) (s) the amount of \$200 per day plus travel expenses (mileage @ .50 per mile, meals and lodging if required).

Show Manager/Chairman

Mailing address _____

Street address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Business Phone _____

Cell Phone _____

Contact email: _____ Horse Show website: _____

Show Secretary

Mailing address _____

Street address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Business Phone _____

Cell Phone _____

Contact email: _____ Horse Show website: _____

By _____ (Show Manager Signature)

Does your show need Judges Cards? YES _____ NO _____

Does your show need Entry Class Sheets to fill out? YES _____ NO _____