

# 2021 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 AFFILIATION APPLICATION AND A \$50.00 AFFILIATION FEE

Name of Show \_\_\_\_\_ Date of Show: \_\_\_\_\_ Start Time: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Physical 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 (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 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 as an Amateur, Youth, or a Professional Walking Horse Owners' card holder. Riders may also purchase a temporary card per show. (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 or, over 8 hours work \$300 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 \_\_\_\_\_

