

2020 AFFILIATION APPLICATION

S.H.O.W. INC.

Sound Horses-Honest Judging-Objective Inspections-Winning Fairly

P.O. BOX 167, SHELBYVILLE, TENNESSEE 37162

PHONE 931/684-9506 FAX 931/684-5949 www.showhio.com

PLEASE SUBMIT A **COPY OF YOUR PREMIUM LIST WITH YOUR AFFILIATION APPLICATION & CORRESPONDING \$50 AFFILIATION FEE**

Name of Show _____ Date of Show _____

Location _____ Starting Time _____

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, etc.) _____

Judge(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 SHOW, Inc., 2) employ the Judge(s) currently licensed by SHOW, Inc., 3) provide an adequate space for the Designated Qualified Person (DQP) employed by SHOW, Inc. and provide assistance as needed, 4) **padded horses: management collects \$30 per horse per class; pleasure horses: management collects \$30 per horse + \$5 each additional inspection of same pleasure horse (no cap) per horse show on behalf of SHOW, Inc.** 5) comply fully with all final disciplinary rulings by SHOW, Inc. after notice thereof.

Show management must submit to SHOW, Inc 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 SHOW, 4) Judges cards where the show has multiple Judges, and 5) the above noted inspection fees.

****Any show going over 6 hour time limit will pay DQP an additional \$40 per hour****

Show Manager/Chairman

Show Secretary

Mailing address

Mailing address

City State Zip

City State Zip

Phone:

Phone:

Contact email:

By _____
(Signature)