

NWHA Show Affiliation Application & Agreement
National Walking Horse Association
4059 Iron Works Parkway, Suite 4
Lexington, KY 40511
859-252-NWHA (6942); Fax 859-252-0640

Name of Show _____
Name of Show Facility _____ Facility Phone _____

Physical Address (required):

_____ City _____ State _____ Zip _____

Show Date(s) _____ Starting Time(s) _____

Show Web Site: _____

Sponsoring Organization _____

Show Manager/Chair _____

Address _____ City _____ State _____ Zip _____

Show Manager/Chair E-mail: _____

Phone Number (Home) (____) _____ (Work) (____) _____ (Cell) (____) _____

Show Secretary _____

Address _____ City _____ State _____ Zip _____

Show Secretary E-mail: _____

Phone Number (Home) (____) _____ (Work) (____) _____ (Cell) (____) _____

If your show is a charity benefit, name the charity _____

If your show offers prize money, please list total amount _____

Judge _____ Judge _____ Judge _____

Please send the official Show Manager's "Packet" or "CD" to: Show Manager Show Secretary *I will download from web*
(please circle one above)

Please list the official show contact on the NWHA web site as: Show Manager as listed above Show Secretary as listed above

Official show bill (class schedule) is enclosed **Official show bill (class schedule) will follow**
(Please note that electronic copies of show bills are desirable in order to link the best possible copy on the web site for exhibitors)
E-mail to NWHA office at: execdir7@aol.com

By signing below, the show management agrees to the following:

- Abide by the current rules of the National Walking Horse Association (NWHA) & the Horse Protection Act (HPA) to honor all disciplinary actions taken by the NWHA & the United States Department of Agriculture (USDA).
- Employ NWHA licensed Judge(s). Fee and travel expenses are negotiated between show management and judge(s).
- Pay the NWHA assigned Designated Qualified Person(s) (DQP)(s) the amount of \$200 per day plus travel expenses (mileage @ .50 a mile, meals & lodging)
- Provide an adequate space for the DQP(s) to inspect horses and provide assistance as needed with tack removal and scribe services.
- Sell NWHA memberships or show cards to non-NWHA members (NWHA Rule 6.1 D). Fees and membership applications collected are to be mailed to NWHA with post show reports.
- Pay the required show affiliation and horse inspection DQP fees as stated in this application.
- Complete and mail all show reports; Class Sheets, Post show manager's report and DQP horse inspection fees to NWHA at the above address **within two weeks following the last day of affiliated show**. Show management further agrees to insure that the class entry sheets are complete & legible, including name of horse, owner, owner's address, rider, trainer and final placement of entries.
- **SHOW RESULTS NOT RECEIVED IN THE NWHA OFFICE WITHIN 30 DAYS POST SHOW WILL NOT BE COUNTED IN THE HIGH POINT PROGRAM. PLEASE INSURE THAT YOUR EXHIBITORS RECEIVE THEIR HIGH POINTS BY SENDING IN THE SHOW RESULTS IN A TIMELY MANNER.**

_____ We are applying to affiliate with NWHA the show named above. Please find enclosed the \$35.00 affiliation fee and show schedule with this application. The payment fee of **\$4.00 per horse per day for the horse checked by the assigned DQP at this show will be sent with the post show manager's reports**. NWHA's assigned DQP's will check all non-trotting breeds.

_____ We are applying to affiliate with NWHA the show named above as a: (circle one)
1. First year show 2. 4-H Club Show 3. NWHA Regional Championship. Please find enclosed the \$35.00 affiliation fee. The payment fee of **\$2.00 per horse per day for the horse checked by the assigned DQP at this show will be sent with the post show manager's reports**. NWHA's assigned DQP's will check all non-trotting breeds.

Signature _____ Title _____ Date _____