

MISSISSIPPI QUARTER HORSE ASSOCIATION SHOW APPROVAL FORM

Please mail, or email to: Cindy Johnson, P O Box 232, Senatobia, MS 38668

Email: cjohnsonshop@gmail.com

This form must be completed and in the office of MQHA by November 1st.

Town where show is to be held _____

Show dates _____

Name of sponsoring organization _____

Responsible Party _____

Address & Phone _____

Show Manager (If Known) _____

Address & Phone _____

1. The organization agrees to send \$1.00 per open and amateur/novice amateur registered entry and \$.50 per youth/novice youth registered entry times the number of judges to MQHA within ten (10) days following the show? Yes No
2. The organization agrees to email the show results or if needed mail a copy to MQHA points volunteer within ten (10) days following the show? Yes No
3. The organization understands that if results are not received within ten (10) days following the completion of the show, your show WILL NOT be approved next year? Yes No
4. Is the organization asking for AQHA approval? Yes No
5. Did the organization hold this same AQHA show last year? Yes No
6. **The organization understands that the show manager & show secretary must be a current member of MQHA. If the Show Manager is not a current member the organization must submit membership form (with this application) for this application to be considered. This membership will be credited to show date/membership year applied for on this application. (Membership form is attached)**

Please note a 2nd form with more detailed information and the show bill is due in the office before 90 days prior to the show. At this time the show secretary's membership is due if she is not already a member.

The signatures below verifies that all of the above information has been completed, answered and that the organization agrees to the terms and conditions listed by MQHA. Please include the name, address, email and phone number of the person responsible for any and all correspondence with this application.

Signature of Responsible Party & Date _____