

2024 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 or USDA Inspectors 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 as an Amateur, Youth, or a Professional Walking Horse Owners' card holder. Riders may also purchase a temporary card per show. Applications and paid fees shall be included in the Show Managers Report.
- 6) Total affiliation fees of \$4 per horse per day,
- 7) Pay the WHOA assigned Designated Qualified Person (DQP)(s) the amount of \$275 per day or, over 8 hours work \$400 plus travel expenses (mileage @ .67 per mile, meals and lodging if required).

Show Manager/Chairman

Mailing address _____

City _____ State _____ Zip _____

Business Phone _____

Cell Phone _____

Contact email: _____

Show website: _____

Show Secretary

Mailing address _____

City _____ State _____ Zip _____

Business Phone _____

Cell Phone _____

Contact email: _____

By _____

(Show Manager Signature)

Does your show need Judges Cards? YES _____ NO _____

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

