



Show Affiliation Application & Agreement
859-252-NWHA (6942)
Email: office@nwha.com

Name of Show _____
Name and Address of Show Facility _____
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 _____
Judge's Full Address (Listed on NWHA Website): _____
Please send the official "show manager's packet" to: ☐ Show Manager listed above ☐ Show Secretary listed above

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

By signing below, 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) or approved guest judge and pay contracted fees and travel as negotiated between show management and judge(s).
- Pay the NWHA contracted Designated Qualified Person(s) (DQP)(s) the amount contracted. Provide an adequate space for the DQP(s) to inspect horses and
- provide assistance as needed with tack removal and scribe services. DQPs will inspect ALL non-trotting breeds.
- Follow and abide by the NWHA rules specifically contained in Section 2 of the NWHA rule book regarding show management and officials and pay the required show affiliation and horse inspection DQP fees as stated in this application.
- Show must ensure that all exhibitors present a valid membership card or purchase one at the time of entry in accordance with Rule 3.8.
- Complete and mail all required NWHA documents: 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.

_____ We are applying to affiliate with NWHA the show named above. The \$35.00 affiliation fee is enclosed or has been paid online via the NWHA Shop. DQP fees of **\$4.00 per horse, per day by the number of horses checked will be sent with the post show manager's reports.**

_____ We are applying to affiliate with NWHA the show named above as a: (select one)

- First year show
- 4-H Club Show
- NWHA Regional Championship

The \$35.00 affiliation fee is enclosed or has been submitted via the NWHA Shop. DQP fees of **\$2.00 per horse, per day by the number of horses checked will be sent with the post show manager's reports.**

Signature _____ Title _____ Date _____