



# National Walking Horse Association

## Regional Championship Show

### APPLICATION

Show season being applied for: \_\_\_\_\_

Region being applied for (circle one): 1 2 3 4 5 6 7 8

Regions are as follows:

- Region 1 – Maine, Vermont, New Hampshire, New York, Massachusetts, Rhode Island, Connecticut, Pennsylvania, New Jersey, Delaware, Maryland
- Region 2 – Michigan, Ohio
- Region 3 – Virginia, North Carolina
- Region 4 – South Carolina, Georgia, Florida, Alabama
- Region 5 – Tennessee, Kentucky, West Virginia
- Region 6 – Mississippi, Louisiana, Texas, Arkansas, Oklahoma, Kansas, Missouri
- Region 7 – Indiana, Illinois, Iowa, Wisconsin, Minnesota, North Dakota, South Dakota, Nebraska
- Region 8 – Montana, Wyoming, Colorado, New Mexico, Arizona, Utah, Idaho, Washington, Oregon, Nevada, California, Alaska, Hawaii

Club/Association Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Name, date(s), and location of proposed show: \_\_\_\_\_

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Is this show (circle one): NEW EXISTING

EXISTING REGIONAL CHAMPIONSHIP SHOW:

Application Deadline: June 1<sup>st</sup> of current year

How many years has the show been affiliated with NWAH? \_\_\_\_\_

Number of entries last year? \_\_\_\_\_

Number and amount of sponsorships received last year: \_\_\_\_\_

Did you provide paybacks last year (circle one)? Yes No

Will this show be a (circle one)? One-day Show Two-day Show Multi-Day Show



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**NEW REGIONAL CHAMPIONSHIP SHOW:**

Application Deadline: September 1 to be considered for the *next* calendar year

How much support can this show expect in terms of workers, exhibitors, and sponsors?

\_\_\_\_\_

How many days will the show last? \_\_\_\_\_

Show Manager's name: \_\_\_\_\_

Will this Show Manager be (circle one): PAID VOLUNTEER

We would like to host an NWHA Regional Championship Show because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regional Championship shows are to pay NWHA:

- \$2.00 per horse, per day for DQP fees
- \$20.00 per shown entry.

By signing below, applicant agrees to comply with all requirements for hosting a Regional Championship Show if approved by NWHA

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please include a copy of your proposed class list including classes you plan to designate as "Regional Championship"

Mail the completed application and proposed class list to:

**NWHA**

P.O. Box 7111

Jacksonville, NC 28540

Attn: Regional Championship Show Application

*Note: An NWHA representative will contact applicant if Regional Show application is approved/rejected*