

KQHA Request for Show Approval

Please complete one form for each set of shows you are seeking approval.

\$100 Commitment Fee (please make check out to KQHA)

This will be deducted from your \$1 per entry after the show results have been turned in to KQHA.

Copy of show bill

Name of Show:

Location of Show:

Show Start Date:

(MM/DD/YYYY)

Show End Date:

(MM/DD/YYYY)

AQHA Show Number:

Previous Years' Number of Entries:

Show Manager Name:

Phone:

Email:

Show Secretary Name:

Phone:

Email:

Please mail check, show bill and form to: KQHA, PO Box 750588, Topeka, KS 66675