

APPLICATION FOR SHOW APPROVAL

Important Information:

This form must be completed and mailed to the home office in time for it to appear in the coming events section of the magazine the month prior to the show in order for the show to count for National POAC points and awards (magazine deadline is the 5th of the month two months prior to publication month). The acknowledgement copy approving the show will be sent to the person submitting application by return mail. Only one show date may be sent per form. **You must include the appropriate Show Approval Fee and a show bill. Current Stat/Chapter Officers must be received by the National Office each year before show approval form may be approved.**

PLEASE NOTE

ONCE THIS FORM HAS BEEN APPROVED, THE HOME OFFICE MUST BE NOTIFIED OF ANY CHANGES MADE TO THE ORIGINAL FORM, IF NOT NOTIFIED, A \$250 FINE WILL BE IMPOSED.

SHOW DATE: _____ LOCATION: _____
STATE CHAPTER: _____ NUMBER OF HALTER CLASSES: _____
NUMBER OF PERFORMANCE CLASSES: _____

JUDGE'S COMPLETE NAME, MAILING
ADDRESS AND PHONE NUMBER

_____ Current POAC Approved Judge

_____ Guest Judge (May be accepted on a guest basis only twice)

CLASSIFICATION OF SHOW:

- _____ A (\$30)
- _____ FAIR (POA classes sponsored by other than POA Clubs) (\$30)
- _____ PONY RAMA (Each state club is allowed six per year) (\$60)
- _____ BUILDING & PROMOTION (Each state is allowed four per year) (\$30)
- _____ Regional (\$50)
- _____ INTER-BREED COMPETITION/HALTER (Each State is allowed six per year) (\$30)
- _____ PROMOTIONAL SHOW (Each state is allowed one per year) (\$300)

For Regional

Drug Testing:
YES - There will
be drug testing at
the show.

NO - There will not
be drug testing at
the show.

OTHER INFORMATION FOR PRINTING: _____

SHOW CHAIRMAN'S COMPLETE NAME,
ADDRESS AND PHONE NUMBER

This person will be listed in the coming events
section of the magazine

Date of Application

COMPLETE NAME, ADDRESS AND
PHONE NUMBER OF PERSON TO SEND
SHOW PACKET

Signature of person making application

MUST ENCLOSE APPROPRIATE MONETARY AMOUNT FOR EACH SHOW

POSTPONED DATE: _____ LOCATION: _____

REASON FOR POSTPONING: _____

DO NOT WRITE BELOW THIS LINE

DATE SHOW APPROVED: _____

SIGNED _____

POAC, INC. HOME OFFICE