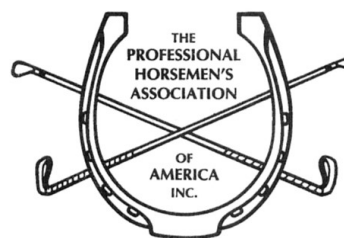


# **NATIONAL PHA MEDAL CLASS HORSE SHOW APPLICATION 2016-2017**



NAME OF SHOW \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SHOW CONTACT \_\_\_\_\_

CONTACT PHONE # \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

SHOW DATES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I AGREE TO ABIDE BY THE NATIONAL PHA MEDAL CLASS SPECIFICATIONS. I understand that the show must submit results in USEF electronic format to the address below, and any new memberships taken with in 10 business days of the completion of the horse show. I understand that dues to participate in the Medal class are \$10 per rider, and must be received with in 10 business days of the completion of the horse show.

All show applications, dues, results & new memberships are to be sent to:

National PHA Medal, Gary Gauruder, 146 Branca Court, Milford CT 06461  
NationalPHAMedal@gmail.com

Checks payable to "PHA"

Signature of Show Representative \_\_\_\_\_

Print Name \_\_\_\_\_