



2012 APHA Turn & Earn Slot Nomination Form

Name your Slot Horse & Exhibitor by September 10, 2012

***The slot nomination form and the final payment of \$200 must be received in the APHA office by September 10, 2012.** Late enrollment will be accepted until 5 p.m. the day before the class (\$600 + \$100 late fee.) No refunds or substitutions except upon the death of the horse. Please complete one form per slot. **For horse and exhibitor eligibility requirements, go to aphaworldshow.com.**

Class: _____ Slot #: _____

Slot Owner Name: _____

Horse: _____ Registration #: _____
(If the horse's registration is pending, please list the Sire and Dam below.)

Sire: _____ Registration #: _____

Dam: _____ Registration #: _____

Exhibitor Name: _____

Is the exhibitor a current member? _____ Yes _____ No Exhibitor's Membership I.D. #: _____

Exhibitor's Address: _____

Exhibitor's City: _____

Exhibitor's State: _____ Exhibitor's Zip: _____ Exhibitor's Phone: _____

Exhibitor's E-mail: _____

Payment:

2012 APHA membership (all exhibitors must have a current APHA membership). ☐ 1-year \$40 ☐ 3-year \$90 ☐ 5-year \$150 ☐ Lifetime \$500

☐ Check or Money Order Enclosed ☐ MasterCard ☐ Visa ☐ American Express Total payment: \$ _____

Card Number: _____ Expiration Date: _____ CVV#: _____

Name as it appears on Card: _____ Cardholder's APHA I.D. # _____

Signature: _____

Stalling:

Every horse entered in the APHA World Championship Show must have a stall. Stall reservation forms are included in the show Premium Book or can be found online at aphaworldshow.com. Be sure to reserve a stall for your slot entry.

Agreement:

By signing this document, I verify that the above horse and exhibitor are eligible to show in the above slot class. I agree that should the exhibitor become ineligible to show between now and the start of the show, I will contact APHA before 5 p.m. the day before the slot class to substitute the exhibitor with a \$50 fee. **For horse and exhibitor eligibility requirements, go to aphaworldshow.com.**

Printed name of person completing form: _____

Signature: _____ Date: _____

Return this form to:



American Paint Horse Association

Attn: Performance Department

P.O. Box 961023, Fort Worth, Texas 76161-0023

Physical Address: 2800 Meacham Boulevard, Fort Worth, Texas 76137

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