



NTHA EVENT APPROVAL FORM

TYPE OF EVENT (All Breed, QHS, Other description) _____

NAME OF EVENT _____

ORGANIZATION MAKING REQUEST: _____

FACILITY NAME _____ CITY _____

STATE _____ ZIP _____ DATE OF EVENT _____ START TIME _____

IS NTHA CLASS BEING HELD CONCURRENTLY WITH ANOTHER EVENT? _____ IF YES:

AQHA Show #(s) _____ Or Other: Affiliation: _____ Show # (s) _____

JUDGES

Number of Judges _____

Name _____ Affiliation _____ ID# _____

Name _____ Affiliation _____ ID# _____

ADDED MONEY _____ ENTRY FEE _____ PERCENTAGE OF ENTRY FEE TO

PAYOUT (Minimum of 80%): _____ AND TO OFFICE FEE (Maximum of 20%): _____

FORMATS YOU PLAN TO USE: TIERS:

SPLITS: 1-T: 2 points _____ 3 points _____

2-T: 2 points _____ 3 points _____

3-T: 2 points _____ 3 points _____

4-T: 2 points _____ 3 points _____

ON BEHALF OF THE EVENT ORGANIZER, THE EVENT ORGANIZER HEREBY AGREES TO COMPLY WITH ALL RULES AND REGULATIONS OF THE NTHA:

CONTACT NAME _____

ADDRESS OF EVENT ORGANIZER _____

CITY _____ STATE _____ ZIP _____

EMAIL CONTACT _____ TELEPHONE CONTACT _____

SIGNATURE _____ NTHA MEMBER # _____

APPROVAL REQUEST MUST BE MADE TO NTHA at [email address] AT LEAST 60 DAYS PRIOR TO THE EVENT DATE. APPROVAL FEE OF \$ 30 MUST BE RECEIVED BY NTHA at P.O. Box 956 SAN JUAN CAPISTRANO, CA. 92693-0596 WITHIN 10 DAYS OF RECEIPT OF THE APPROVAL APPLICATION. APPROVAL REQUEST RECEIVED LATER THAN 60 DAYS PRIOR TO THE EVENT DATE WILL BE RETURNED AND APPROVAL WILL BE DENIED. NO APPROVAL WILL BE MADE UNTIL RECEIPT OF THE APPROVAL FEE. APPROVAL OF AN EVENT IS IN THE SOLE DISCRETION OF THE NTHA AND ALL DECISIONS OF NTHA ARE FINAL.

Date received by NTHA: _____

Date approval fee received by NTHA: _____