



Show Application

P O Box 2443
 Brenham, Texas 77834
 Phone: 979-836-3370

Name of Affiliate: _____

Date Requested: _____ Starting time: _____

City: _____ State: _____ Arena: _____

Directions to arena: _____

Judge or Judges: _____ +++ _____

Show Secretary: _____ Phone # _____

Classes	Entry Fee (Entry/Cattle/Office)	Added Money
1. Open		
2. Non Pro		
3. \$50,000 Non Pro		
4. Senior Non Pro		
5. \$25,000 Novice Horse		
6. \$15,000 Non Pro		
7. \$25,000 NH / NP		
8. \$5,000 Novice Horse		
9. \$5000 Novice Rider		
10. \$2000 Novice Rider		
11. Youth		
12. 4 Yr Open & Non Pro		
13. 5/6 Yr Open & Non Pro		

Affiliate Secretary: _____ Phone #AM _____
 Address: _____ Phone # PM _____

Affiliate President: _____ Phone #AM _____
 Address: _____ Phone # PM _____

We hereby agree to conduct this cutting horse contest under the rules of the American Cutting Horse Association. We also agree to send the results of this contest, \$5 fee per entry and 6% of the entry fees to be received in the ACHA office within five (5) days of the conclusion of the contest. We understand that failure to submit the 6% & \$5 fee per entry and the results within five (5) days may result in a \$250 fine.

Signature of person submitting this application: _____

For ACHA Office use - Date received: _____ **APPROVED** **NOT APPROVED**

Comments: _____