

Dear Show Secretary/Manager:

Thank you for your interest in having the Kentucky Quarter Horse Association (KyQHA) approve your show for inclusion in our Year-End Awards Program. We believe this adds value to your show as exhibitors choose what shows they will attend each year. The following steps should be taken to secure your show approval(s):

1. Complete and return the **Show Approval Contract** below. Enclose with the contract the required fee(s) of \$25.00 per show number. If you are conducting a split combined or double judged show, the fee is reduced to \$40 for the two show numbers. It is important this be done at least 30 days prior to the show so your event gets the publicity it deserves.
2. Send to us your show bill as a hard copy via regular mail or preferably via email as an attachment (either .pdf or Word format) to: [info2@kyqha.com](mailto:info2@kyqha.com). We will post your show bill on the KyQHA website at [www.kyqha.com](http://www.kyqha.com), so potential exhibitors may download it, reducing the number you have to mail or fax.

It is your responsibility to collect the KyQHA Fee of \$1.50 per horse per judge from every exhibitor. This is a requirement for KyQHA approval. The KyQHA Fee(s) collected at your show must be submitted to KyQHA no later than 30 days after the last date of each of your approved shows. Failure to comply with this responsibility may result in refusal of KyQHA to approve your AQHA show next year and/or other disciplinary action.

You no longer need to submit show results to KyQHA for approved AQHA classes at your KyQHA approved AQHA show(s). KyQHA will utilize the show approval fee(s) you submitted to purchase downloads of show results directly from AQHA once your show is considered official by AQHA. However, results from any and all non-recognized AQHA classes at your horse show that are eligible for KyQHA awards, such as Small Fry classes, must be submitted to KyQHA no later than 30 days after the last date of each of your approved shows.

Please note when you include AQHA show fees on your show bill, the KyQHA Fee must be listed as a separate charge. Example: AQHA Drug Testing Fee \$3/horse/judge; KyQHA Fee: \$1.50/horse/judge; Grounds Fee \$X/horse/day, etc. This is an AQHA requirement.

Thank you for your cooperation and we wish you a very successful show. If you have any questions, please contact us.

Sincerely,

Kentucky Quarter Horse Association



Kentucky Quarter Horse Association  
 PO Box 23917  
 Lexington, KY 40523-3917  
 Office: 888-367-5742  
[info2@kyqha.com](mailto:info2@kyqha.com)  
[www.kyqha.com](http://www.kyqha.com)

### SHOW APPROVAL CONTRACT

| Complete Show Name | Date | AQHA Show #(s) | Location (Town/City) |
|--------------------|------|----------------|----------------------|
|                    |      |                |                      |
|                    |      |                |                      |
|                    |      |                |                      |

Enclosed is the approval fee of \$25 (\$40 for a split combined or double judged event) for the above-indicated shows.

I understand it is my responsibility to collect the KyQHA Fee of \$1.50 per horse per judge from every exhibitor, and this is a requirement for KyQHA approval. I agree to submit the KyQHA Fee(s) collected at the above-indicated shows to KyQHA no later than 30 days after the last date of each approved show. I also acknowledge that failure to comply with this responsibility may result in refusal of KyQHA to approve my AQHA show next year and/or other disciplinary action.

I agree to comply with all the requirements of KyQHA for approval of these shows.

|   |               |          |
|---|---------------|----------|
| _____   | _____         |          |
| Show Secretary / Manager (circle one) Signature | Date          |          |
| _____   | _____         |          |
| Print Name                                      | AQHA Member # |          |
| _____   |               |          |
| Address   |               |          |
| _____   |               |          |
| City  | State         | Zip Code |
| _____   |               |          |
| Phone   |               |          |
| _____   |               |          |
| Fax   |               |          |
| _____   |               |          |
| Email   |               |          |

Make check payable to: KyQHA  
 Mail to:  
 KyQHA  
 P.O. Box 23917  
 Lexington, KY 40523-3917