

REQUEST FOR IOWA QUARTER HORSE ASSOCIATION SHOW APPROVAL

Show Approval Deadline – **IQHA Application is due when AQHA show approvals are submitted and following AQHA rules**

NOTE: All show approval forms for a “circuit” must be received before the dates will be published as approved. Once all the show approval forms for a circuit are received along with the required memberships your dates will be published as Iowa approved shows.

NAME OF SHOW _____

LOCATION _____

DATES _____

Show Manager/Management (this must be the same person that you listed on your AQHA show approval form) must be a current year member of Iowa Quarter Horse Association at time of application for approval.

NAME _____ Phone _____

Address _____

Email _____

SHOW SECRETARY

NAME _____ Phone _____

Address _____

Email _____

We request to be Iowa approved and agree to pay \$1.00 per Youth entry (all divisions) and \$1.00 per Open entry and \$1.00 per Amateur entry (all divisions).

The maximum show approval fee is \$1000.00 per judge (per AQHA show number).

The Open, Amateur and Youth fees will be paid to **IQHA office** within 5 working days following the completion of the show.

We also agree to provide results to IQHA Open and Amateur point keeper Kelly Birkenholtz, birkey4205@gmail.com within 5 working days following the completion of the show and to the Youth sponsor Jennifer Horton, horton.barh@gmail.com.

We agree to advertise the “circuit” a minimum of one time the Iowa Quarter Horse printed sources or if not available, IQHA media sources. (Website, Email blast etc.)

We agree to offer the following IQHYA approved classes:

Leadline – Child Rider

Youth Walk Trot Western Pleasure – 9 & under

Iowa Quarter Horse would like to suggest that you offer the following IQHA/IQHYA approved classes. IQHA/IQHYA offers year end awards for these classes. Please check the classes you will be offering:

____ Amateur Walk Trot
____ Yearling Longe Line

9 years & under classes to be ran as Walk Trot
With appropriate patterns for that age –
____ 9 & under Showmanship
____ 9 & under Walk Trot Hunter Under Saddle
____ 9 & under Walk Trot Equitation
____ 9 & under Walk Trot Horsemanship
____ 9 & under Walk Trot Trail
____ 9 & under Walk Trot Ranch Riding

We are not purchasing insurance on the Iowa Quarter Horse Association policy and agree to the following:

“Show sponsor and show management agree to indemnify and hold harmless the Iowa Quarter horse Association for any and all liability, if any, arising to the Iowa Quarter Horse Association by virtue of its granting us show approval. If the Iowa Quarter Horse Association is sued in any court of Law, to defend it at our expense, and if judgment be taken against the Iowa Quarter Horse Association, to pay said judgment and obtain a written release in a form acceptable to the Iowa Quarter Horse Association.”

Show Manager (please print) _____
Date

Failure to do any of the above, provide IQHA with a certificate of insurance listing IQHA, or request insurance through IQHA may result in the cancellation of your show approval for the following year. I agree to these terms:

Show Manager _____ Date _____

RETURN Approval request, membership fees for Manager and/or Secretary and appropriate insurance information to:



Iowa Quarter Horse Association
c/o Rosalie L. Carlson
512 Timber Road
Walnut, IA 51577
Phone: 712-579-2854
Email: howdqh@fmctc.com

NOTE: Once your show has been Iowa approved the date will be listed as approved in the current media sources and on the IQHA website. No showbill will be placed on our website until the show is Iowa approved.

INSURANCE: We agree to provide Iowa Quarter Horse Association with a certificate of insurance listing Iowa Quarter Horse Association **OR** obtain insurance with the policy Iowa Quarter Horse Association currently has in effect by filling out the following and returning with appropriate fees.

CERTIFICATE OF INSURANCE request-

NOTE: Insurance request and appropriate insurance fees must be returned with request for approval. Note: IQHA District shows are provided insurance free of charge—must also fill out the following information:

Date _____ \$100.00 per judge \$ _____

Name of Show _____

Manager _____

Address/city/zip _____

Telephone _____ e-mail _____

Location of show _____

Name in which Certificate of Insurance needs to be issued:

Address _____ City _____ State _____ Zip _____
