



PONY EXPRESS HORSE SHOW CIRCUIT, INC.

Susan Breau, Treasurer
12708 E. Brockview - Peculiar, MO 64078
816-547-8737

SHOW AFFILIATION and INFORMATION FORM 2017

2017 P.E.H.S.C. Show Membership Fee: **\$60.00** for each show. **Treasurer must receive this fee on or before the December 2016 Show Date Meeting. Make check payable to P.E.H.S.C.**

Check this box if you intend to put a Show Bill into the 2017 Show Book. **\$50.00 per page, payable with this Form and Affiliation check. If show bill is not received by Directory Coordinator by Feb. 14, it will not be accepted for publishing. No Refunds.** You must reserve page and pay when you affiliate.

Name of Organization: _____

Requested Show Date: ____/____/____

Name of Show to be printed in the show book (exactly): _____

Complete Address of Show: _____

Show Chairman Name and Address: _____

Phone: (____) _____ - _____ Email: _____

Pony Express Director Name and Address: (Attends meetings with vote) _____

Phone: (____) _____ - _____ Email: _____

PLEASE RETURN THIS INFORMATION FORM COMPLETELY FILLED OUT ALONG WITH YOUR CHECK PAYABLE TO PEHSC TO: Susan Breau, Treasurer, on or before the December 2016, show date meeting.

***** Fee must be paid with an Organization or Club Check *****

***ALL SHOWS AFFILIATING WITH THE PONY EXPRESS HORSE SHOW CIRCUIT MUST PROVIDE A CERTIFICATE OF INSURANCE BEFORE THEIR SHOW DATE.**

All Member Shows must send a copy of the class sheets in the hands of the Pony Express Horse Show Point Recorder within 10 working days after their show. The class sheets must be accompanied by their showbill and the Judges cards.

SEND this form and check Payable to PEHSC to:

Susan Breau, Treasurer
12708 E. Brockview
Peculiar, MO 64078

Phone: 816-547-8737 • Email: sabreau@gmail.com

The Director's membership is in effect from January 1 through December 31 of the current year.

I hereby release the Pony Express Horse Show Circuit and it's officers of responsibility or liability for loss, theft, accident or injury to equipment, equine, exhibitor, or spectator.

Signature of Officer of Organization: _____ Title: _____

Date: ____/____/____

\$60.00 Affiliation Fee

\$50.00 Show Bill Published in Show Book