

# PINTO HORSE ASSOCIATION OF AMERICA, INC.

## OCAP SHOW APPROVAL APPLICATION



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Office Use Only

Please keep copies when submitting to office. Show approval expires on December 31 of same year. PtHA reserves the right to accept or reject submitted show approvals.

Name of Association, Club, Organization: \_\_\_\_\_

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Club website: \_\_\_\_\_

Show Name	Date	City

*Telephone numbers for the contact person are mandatory. Application must have all original signatures.*

By signing this application, I affirm that all given information is true and correct. I understand the duties of the OCAP Show program and will provide all show records and results to PtHA upon request for all shows given on this form.

**Signature of Contact Person:** \_\_\_\_\_

### Point Keeper Contact Information – (who has access to past results)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_