



**PONY EXPRESS HORSE SHOW CIRCUIT, INC.**

37900 E 355<sup>th</sup> St. □□□□ Garden City, Missouri 64747

SHOW AFFILIATION and INFORMATION FORM 2010

2010 P.E.H.S.C. Show Membership Fee: **\$60.00** for each show. **Secretary must receive this fee on or before the December 2009 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 2010 Show Book. **\$50.00 per page, payable with this Form and Affiliation check. If show bill is not received by Directory Coordinator by Jan. 29, 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: Shannon Walker, the Pony Express Secretary on or before the December 2009, 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.**

**SEND this form and check Payable to PEHSC to:**

**Shannon Walker  
37900 E. 355<sup>th</sup> St.  
Garden City, MO 64747**

**Phone: 816-260-7519 Email: bdhairda@aol.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**