



DAY PERMIT APPLICATION

Date:	Name:	Location of Show:		
Address:		City:	State:	Zip:
Daytime Phone:	Evening Phone:	Email Address:		
<p>This permit allows contestant to enter and compete on the above date only without purchase an annual RHAA membership. Proof of ownership and eligibility must be presented upon entry in any class in the above show. Upon qualification to the RHAA finals while competing on a day permit, rider must purchase an annual membership and competition license for the qualifying horse within two weeks before becoming eligible to qualify for the finals. Contestant may compete on a maximum of two day permits per year. An annual membership will be issued to rider after second day permit is purchased valid for one year after date of purchase of second permit.</p>				
Name of ranch/owner if competing on horse owned by employer:			Date of Employment:	
<p>I, _____ certify that the applicant is currently employed full time by the above named ranch, and employment with said ranch is his/her primary source of income.</p>				
Signature of Ranch Owner/Employer:			Date:	
<p>I have read and understand the rules and requirements of eligibility to compete any RHAA competition and I agree to abide by them. I understand that the responsibility and burden of proof of my eligibility rests solely on me and not the RHAA, its officers, directors, or employees. I also understand that any fraudulent activity on my part could result in disciplinary action which could result in suspension from the RHAA. The RHAA reserves the right to reclassify any member who violates the intention of the class entered.</p>				
Signature of Applicant:			Date:	

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY. PROOF OF OWNERSHIP IS REQUIRED ON ALL HORSES AT TIME OF ENTERING ANY CONTEST WITH A DAY PERMIT. ANY INCOMPLETE APPLICATION WILL BE RETURNED.

NOTE: A 4% SERVICE CHARGE WILL BE ADDED FOR PAYMENT WITH CREDIT CARD.

Payment Method:	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Account / CC Number:	Billing Zip Code:
Expiration Date:	Security Code (Back of Card):	Name on Card:	

FOR OFFICE USE ONLY

Date Received:	Amount Paid:	Check Number:	Date Entered:	Ship Date:

Please remit to:
Ranch Horse Association of America • PO Box 285 • Silverton, TX 79257 • (806) 406-9283