



# DAY PERMIT APPLICATION

Date:	Name:	Location of Show:		
Address:		City:		State:
Daytime Phone:		Evening Phone:	Email Address:	
<p>This permit allows contestants to enter and compete only on the above show date without having to purchase an annual RHAA membership. A copy of your horses' papers (front &amp; back) must be turned in with this application to show management upon entry in the show. Upon qualification to the RHAA National Finals while competing on a day permit, rider must purchase an annual membership in order to be eligible for an RHAA National Finals entry.</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:

**\$35 FEE PER APPLICATION.**

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY. A COPY OF YOUR HORSES' PAPERS (FRONT & BACK) MUST BE TURNED IN WITH THIS APPLICATION. ANY INCOMPLETE APPLICATION WILL BE INELIGIBLE TO COMPETE.**

**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 9 • Lipscomb, TX 79056 • (806) 255-0334