



PINTO HORSE ASSOCIATION OF AMERICA, INC.

Office Use Only

SOAR EVENT ADVERTISEMENT

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Show Name: _____

Date of Application: _____

(Month Day Year)

Contact Person: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Club website: _____

Show Name	Date	City

Point Keeper Contact Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____