

A M E R I C A N **P A I N T**
H O R S E A S S O C I A T I O N

BRITISH COLUMBIA ZONE DECLARATION
For Show Purposes Only

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE NUMBER: _____

I wish to be considered a member of the following Zone for the purposes of tabulating Zone awards and understand this must be submitted and approved before I begin showing for the year:

_____ Zone 1 (Idaho, Oregon, Washington, Montana, British Columbia and Alaska)

Or

_____ Zone 10 (Alberta, Manitoba, North West Territories, Saskatchewan and Yukon)

Signature: _____

Date: ____/____/____

Please return to:
APHA Performance Department
Attn: Allyson Pennington
122 E Exchange Ave, Suite 420
Fort Worth, Tx 76164

Fax: 817-834-3152
Email: allysonp@apha.com

