



COURSE FOR AQHA STEWARDS

Course Director: Ward Stutz, Sr. Director of Breed Integrity and Animal Welfare

Course Application

Name: _____ AQHA# _____

Address: _____

City/State/Zip Code: _____

Telephone: _____ Fax: _____

Mobile Phone: _____ Email: _____

Date of Birth: _____

Current Status: AQHA Judge AQHA Professional Horseman
AQHA Director AQHA Show Manager
Alliance Member Judge Other explain _____

Are you currently a steward with another organization: Yes No
If yes, at what level and for what organization/s: _____

If an approved steward, please list the two top shows you have stewarded:

Show: _____ Date: _____

City: _____ St./Prov. _____

Show Managers Name: _____

Show: _____ Date: _____

City: _____ St./Prov. _____

Show Managers Name: _____

Judging Experience: 1-5 yrs. 5-10 yrs. 10+ yrs.

Are you a carded judge: Yes No

If yes, what judging cards do you hold: _____

Do you currently train horses: Yes No

If yes, what disciplines: _____

Exhibitor Experience: 1-5 yrs. 5-10 yrs. 10+ yrs.

Show Management Experiences: 1-5 yrs. 5-10 yrs. 10+ yrs.

Ring Steward Experience: 1-5 yrs. 5-10 yrs. 10+ yrs.

Please list four AQHA References we may contact from the following categories:

AQHA Judge

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

AQHA Professional Horseman

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

AQHA Director

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Owner/Client

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Character

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please tell us (on a separate piece of paper) why you consider yourself qualified to be an AQHA Steward. Also, explain to us what you see are the roles and responsibilities of an AQHA Steward along with your beliefs about the humane treatment of horses and/or cattle:

General Information:

Each application must be accompanied by a recent photograph of the applicant. The photograph should be approximately 3"x5" and include the head and shoulders of the applicant. (Not necessary if you have a photo on file at AQHA)

\$125 Application Fee (please don't send cash, drinks & lunch included)

Checks should be written to AQHA

If you would like to use a credit card, complete the following

Visa MasterCard American Express

Name on Credit Card: _____

Card No: _____ Expiration Date ____/____/____

Signature: _____

Application and supporting material become the property of AQHA and cannot be returned.

Applications should be sent to:

American Quarter Horse Association
Attn. Stewards' Dept.
P.O. Box 200
Amarillo, TX 79168

If you have additional questions, please call (806) 378-4707 (Ward Stutz)

The undersigned does hereby waive any right he or she may have to require disclosure to him or her by the Association of any information obtained to evaluate him or her as a prospective steward, agreeing that the accuracy of information concerning the undersigned's character, reputation and stewarding abilities are paramount to his disclosure rights, if any.

Signature of Applicant

Date

An individual's conduct as a member, exhibitor and steward must be exemplary; is subject to continual review, with an automatic review after two years of becoming an AQHA steward; and such designation is revocable by a peer review board with or without notice and formal hearing, subject only to ultimate review by the Executive Committee, with or without notice and formal hearing.

Signature of Applicant

Date