

WSVRHA SHOW MANAGER HANDBOOK ADDENDUM



## Show Approval Form

**Show Name** \_\_\_\_\_  
Proposed Date(s) \_\_\_\_\_ Rain Date (if appropriate) \_\_\_\_\_

### Organization or Individual Responsible

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

### Show Manager

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

### Show Secretary

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

### WSVRHA Show Representative

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

### Judges and Clinicians

Judge 1 \_\_\_\_\_ Judge 2 \_\_\_\_\_ Judge 3 \_\_\_\_\_  
Clinician 1 \_\_\_\_\_ Clinician 2 \_\_\_\_\_ Clinician 3 \_\_\_\_\_

\*Are judges on current WSVRHA approved list? (yes/no) If no, may we send them a judge's test to complete prior to the show? (yes/no)

Are there any other associations or clubs offering classes at this show? If yes, please name

Association \_\_\_\_\_

Contact person \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

\*Please attach proposed class list

Are overnight accommodations available on site? Please circle:

Stalls (yes/no) Corrals (yes/no)

Dry Camping (yes/no) RV Hookups (yes/no)

Will food vendors be on site? (yes/no)

Please submit this completed form to:

Kathy Torres  
kctraining@toast.net

or

PO Box 32670  
San Jose, CA 95152

You may expect a reply within 7 days.

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\*Office use only

Show Approved (yes/no)

By (name) \_\_\_\_\_ Date \_\_\_\_\_