



Dear APHA Zone One Clubs;

The Zone One Representative Council request your immediate response to our request to put on and hold the 2025 Zone One Zone-O-Rama Paint Horse Show, August 2025 in Nampa, Idaho. Your regional club's response is required per APHA reporting critiera. Please complete this form, and sign the bottom of the page as the Regional Club Elected President for 2024-2025. Please use the second page to indicate the names and contact information for your regional club's elected Zone One Delegate(s) and Alternative(s). Both pages are required to be complete per APHA. Please email to Secretary Shawn Kingma at shawnkingma@gmail.com or mail with your check (see pg 2)

1. The \_\_\_\_\_ Paint Horse Club **does not object** to the Zone One Representative Council holding the Zone One Zone-O-Rama Paint Horse Show for 2025, and designates the following persons to participate on a show committee.
2. The \_\_\_\_\_ Paint Horse Club **declines to help** with the 2025 Zone One Zone-O-Rama Paint Horse Show, however the club does not object to the show being held.

Regional Club President:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City,State,Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

My Club is interested in helping with the 2025 Zone One Show in the following ways: (please select all that apply)

- A. Assisting trail course designer with set up /tear down / resetting poles during class.
- B. Assisting awards booth manager with set up & break down.
- C. Soliciting sponsorship in addition to the \$200 my club is asked to procur.
- D. Runner/Errands as needed at the show.
- E. Other: \_\_\_\_\_

Sincerely,

Zone One Representative Council Secretary

Shawn Kingma



Please send by December 1st your Zone One dues of \$25 / year payable to Zone One to:  
Shannon O'Dell  
1324 N. Liberty Lake Rd. #167  
Liberty Lake, WA 99019

2025 Zone One Elected Delegates and Alternates

**Name of Paint Horse Club:** \_\_\_\_\_

Delegate 1:

Alternate 1:

Address:

Address:

City, State, Zip:

City, State, Zip:

Telephone:

Telephone:

Email:

Email:

**\*\*\*\*According to the BY-LAWS, some state's regional clubs will have more than a single Delegate and Alternate. Please indicate any additional elected people.**

Delegate 2:

Alternate 2:

Address:

Address:

City, State, Zip:

City, State, Zip:

Telephone:

Telephone:

Email:

Email:

Delegate 3:

Alternate 3:

Address:

Address:

City, State, Zip:

City, State, Zip:

Telephone:

Telephone:

Email:

Email:

**NOTES/OTHER INFORMATION:**