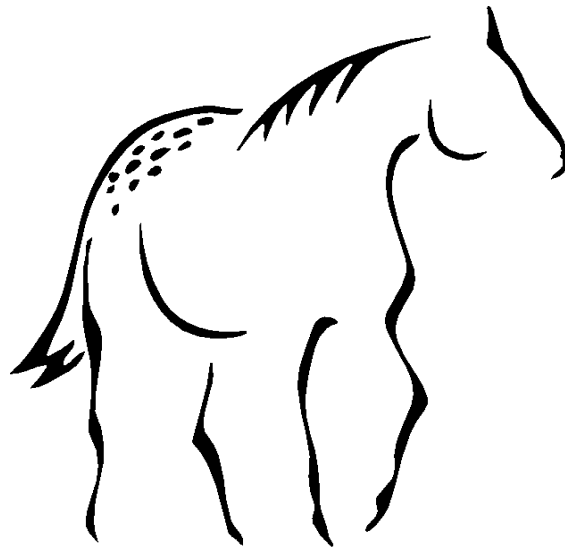


REGIONAL CLUB NAME & CHARTER #

Year: _____
Regional Club Report

Due February 15



As per Rule 400.D.1 of the current ApHC Handbook,
this report is to be completed by the membership at the
Annual General Membership Meeting.

DIRECTIONS FOR COMPLETING REGIONAL CLUB REPORT

The regional club information can also be updated on the regional club portal or by email to regionalclubs@appaloosa.com that includes a scan of this document

1. This report is to be compiled by your Regional Club Board of Directors.
2. The following requirements must be received in the ApHC office on or before February 15th.

Failure to return this yearly report by April 5th shall result in a \$50 fine. Failure to comply by April 10th may result in loss of charter after notice and hearing. - Rule 400.G

3. Please print legibly or type all information except signatures.

Please keep a copy of this report for your records.

RETURN REPORTS TO:

**APPALOOSA HORSE CLUB
REGIONAL CLUB COORDINATOR
2720 PULLMAN ROAD
MOSCOW ID 83843**

The regional club information can also be updated on the regional club portal or by email to regionalclubs@appaloosa.com that includes a scan of this document

REGIONAL CLUB REPORT CHECKLIST:

For your convenience, please utilize the check list below to ensure that you have included all necessary information in this report.

- List of Previous Year Officers, Directors & Contact Person
- List of Current year Officers and Directors if chosen at this time. If not chosen please update when this is done.
- Contact person for the current year
- Meeting summary or minutes of at least one (1) Regional Club membership meeting from prior year if any were held
- List of Regional Club activities from prior year if any were held
- By-Law Changes (if any)
- Completed report

DO NOT SUBMIT A MEMBERSHIP LIST AT THIS TIME

Membership rosters must be submitted through the Regional Club Portal by September 5th.

Club Officers

Name of Club or Association	Regional Club Charter Number
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Principle Contact Person	ApHC #
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Address	City	State	Zip
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Telephone Numbers (Home)	(Work)	email
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REGIONAL CLUB Web Address (If Available)

*** All correspondence from the ApHC will be sent to the contact person. The ApHC will publish the contact person's address and phone number in all Regional Club Listings. REGIONAL CLUBS MUST SUBMIT A CONTACT PERSON.**

Officers

President (MUST BE CURRENT ApHC MEMBER)	ApHC#	Phone #	E-mail
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Address	City	State	Zip
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Vice-President (MUST BE CURRENT ApHC MEMBER)	ApHC#	Phone #	E-mail
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Address	City	State	Zip
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Secretary	ApHC#	Phone #	E-mail
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Address	City	State	Zip
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Treasurer	ApHC#	Phone #	E-mail
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Address	City	State	Zip
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Point keeper	ApHC#	Phone #	E-mail
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Address	City	State	Zip
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Newsletter Editor	ApHC#	Phone #	E-mail
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Address	City	State	Zip
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Youth Director	ApHC#	Phone #	E-mail
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Address	City	State	Zip
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NOTE: To ensure that the right individual receives information from the ApHC office, please inform the ApHC Regional Club Coordinator of any updates to your club's officials, directors, or contact person following the submission of this report. These changes must be submitted in writing by a club officer or done through the Regional Club Portal.

Directors

Printed Name _____ ApHC # _____

Printed Name _____ ApHC # _____

Printed Name _____ ApHC # _____

Printed Name _____ ApHC # _____

Printed Name _____ ApHC # _____

Printed Name _____ ApHC # _____

Printed Name _____ ApHC # _____

Printed Name _____ ApHC # _____

Printed Name _____ ApHC # _____

Printed Name _____ ApHC # _____

NOTE: To ensure that the right individual gets updates from the ApHC office, please inform the ApHC Regional Club Coordinator of any modifications to your club's officers, directors, or contact person.

President & Secretary

President _____ ApHC# _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Secretary _____ ApHC# _____ Phone # _____

Address _____ City _____ State _____ Zip _____

President's or Secretary's Signature

This document must be signed by your **CURRENT** President or Secretary before submitting the report to the ApHC office.

Printed Name _____ Office Held _____ Signature _____

By signing this document, I attest that I have read this report and find the information to be true to the best of my knowledge.

Were any changes made to this club's By-Laws in the previous year? **Yes** **No**

If yes, copies of your new By-Laws must be sent to the ApHC with this report. Please keep in mind that the ApHC may, at any time, request a copy of your club's By-Laws or minutes from your meetings.

Did this regional Club host any events last year? **Yes** **No**

Did this Regional Club hold any meetings last year? **Yes** **No**