



## OH-PIGS Sanctioned Show Agreement

Show Weekend Dates: \_\_\_\_\_ County: \_\_\_\_\_

Show Name(s): \_\_\_\_\_ # of Shows: \_\_\_\_\_

Venue Location: Name: \_\_\_\_\_

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

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

### Show Coordinator(s):

Primary Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Secondary Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Judge(s): \_\_\_\_\_

Please confirm the following:

- I have reviewed the *Planning Guide to Hosting OH-PIGS Sanctioned Jackpot Show* and understand all that it entails to host a show.
- I agree to follow *OH-PIGS Rules and Guidelines* to ensure that the families and youth have a competitive and memorable experience at our venue.

\_\_\_\_\_  
Signature – Primary Show Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Secondary Show Coordinator

\_\_\_\_\_  
Date