

Color Breed Congress Video Order Form

Pinto Horse Association of America®, Inc.
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Office Use Only:

Exhibitor Information

Name: _____ PtHA® Membership No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Class Name: _____ Class No.: _____

Class Name: _____ Class No.: _____

Class Name: _____ Class No.: _____

Class Name: _____ Class No.: _____

Class Name: _____ Class No.: _____

Class Name: _____ Class No.: _____

Class Name: _____ Class No.: _____

I understand:

- Each video cost \$40 per/class

Cost – No. of classes x 40

i.e. 3 x \$40 = \$120

_____ x \$40

Total Charges \$ _____

Signature: _____ Date _____

Method of Payment: U.S. Funds, checks payable to Pinto Horse Association®

Check Visa MasterCard Discover American Express

Starting August 1, 2022, a 3% debit/credit card transaction fee will be added.

Card No.: _____ Exp. Date: _____ CVV#: _____

Name on Card: _____

Signature of Card holder: _____