

COMBINED USHJA PROGRAM/CLASS FEES REPORT FOR COMPETITIONS

Regional I & Regional II Competitions

***Mac Users: If you are having trouble viewing or editing this fillable PDF form, please [click here](#) for help.*

USHJA Competition Management/Secretaries:

Please complete this form and return it along with a check or Visa, MC, AMEX or Discover Card information for the amount of all applicable fees collected per horse(s) entered in the respective classes. Cash will not be accepted as a form of payment. The information included on this form will assist this office in properly crediting your account.

Competition management will collect and remit to USHJA the per horse/entrant fee as determined by USHJA and reported below on this form.

Competition ID: _____ Competition Date(s): _____
Competition Name & Location: _____

Competition Fees Reported (Please check all that apply):

*USHJA Zone Support Fee (\$2 per horse) _____ X \$2 = \$ _____
Total # Horses Total Zone Support

**Please note that Local and Outreach Competitions, and the following classes: lead line, exhibitions, games and races, 4-H member classes, Academy classes and Opportunity classes are exempt from payment of USHJA Zone Support fees.*

USHJA National Hunter Derby Fee (\$15 per horse entered in class) _____ X \$15 = \$ _____
Total # Horses Nat. Hunter Derby
 Offered; did not fill

USHJA Pre-Green Incentive Program Fee (\$10 per horse entered in class) _____ X \$10 = \$ _____
Total # Horses Pre-Green Incentive
 Offered; did not fill

USHJA Pre-Green Challenge Class Fee (\$10 per horse entered in class) _____ X \$10 = \$ _____
Total # Horses Pre-Green Challenge
 Offered; did not fill

USHJA 3'3" Jumping Seat Medal Fee (\$5 per rider entered in class) _____ X \$ 5 = \$ _____
Total # Riders Jumping Seat Medal
 Offered; did not fill

Total Competition Fees Due: = \$ _____

Payment Information—Please check appropriate box below (Please do not send cash)

Check # _____ (Make check payable to "USHJA") If paying with CC: Cardholder's USHJA Member ID: _____

Credit Card: Visa Discover MasterCard American Express

Card Number: _____ Expiration Date: _____

Cardholder's Name (print): _____ Billing Zip Code: _____

Cardholder's Signature: _____

Please be advised: the typing of your name above shall be considered an electronic signature and shall have the same legal effect and validity as your handwritten signature. Therefore, in so typing your name in the fields above, you are confirming this verification statement and the truth of the contents of the report. We recommend submitting forms containing credit card payment via fax or mail. Please do not email credit card information as it is not a secure method for transmitting sensitive data.