

2017 COMBINED PROGRAM/CLASS FEE REPORT FOR COMPETITION

UNITED STATES HUNTER JUMPER ASSOCIATION



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REGIONAL I & REGIONAL II COMPETITIONS

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 in 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 Dates(s): _____
Competition Name & Location: _____	

Competition Fees Reported (Please check all that apply):

*USHJA Fee (\$2 per horse) _____ x \$2 = \$ _____

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 fees.

USHJA National Hunter Derby Fee (\$15 per horse enter in class) _____ x \$15 = \$ _____
 Offered, Did not fill Total # Horses Nat. Hunter

USHJA Pony Hunter Derby Fee (\$15 per pony enter in class) _____ x \$15 = \$ _____
 Offered, Did not fill Total # Horses Pony Derby

USHJA Green Hunter Incentive Fee (\$10 per horse enter in class) _____ x \$10 = \$ _____
 Offered, Did not fill Total # Horses Green Incentive

USHJA Green Hunter Challenge Fee (\$10 per horse enter in class) _____ x \$10 = \$ _____
 Offered, Did not fill Total # Horses Green Challenge

USHJA 3'3" Jumping Seat Medal Fee (\$5 per rider enter in class) _____ x \$5 = \$ _____
 Offered, Did not fill Total # Riders Jumping Seat

TOTAL COMPETITION FEES DUE: = \$ _____

PAYMENT INFORMATION.

Check # _____ USHJA Member ID: _____
(Make Check Payable to: United States Hunter Jumper Association) (Please include Member ID, if paying with credit card)

Visa Master Card Discover Card AMEX Card Number: _____

Exp. Date: ___ / ___ / ___ Billing Zip Code: _____ Card Holder's Name (Print): _____

Card Holder's Signature: _____

Please be advised: the typing of your name above shall be consider an electronic signature and shall have the same legal effect and validity as a 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 contain credit card payment via fax or by phone

Mail Application and Payment to:

UNITED STATES HUNTER JUMPER ASSOCIATION • 3870 CIGAR LANE • LEXINGTON, KY 40511 • PHONE: (859) 225-6700 • FAX: (859) 258-9033 • USHJA.ORG