



# ARIZONA HUNTER JUMPER ASSOCIATION 2017 POST COMPETITION REPORT FORM

**This form must be completed in its entirety and sent to the AHJA, along with show results, membership applications and AHJA Fees, postmarked not later than 14 days after the conclusion of the competition.**

NAME OF SHOW: \_\_\_\_\_

SHOW DATES: \_\_\_\_\_ LOCATION: \_\_\_\_\_

A) Was this show rated and recognized by USEF (circle one)? Yes No (If No, Go To Line E)

B) If yes, what was the USEF rating for this show (circle one)? AA A B C J L

C) If USEF rated, list the names of the USEF stewards officiating at the competition:

\_\_\_\_\_

D) If USEF rated, how many entries exhibited in the following AHJA Medal Classes:

AHJA Mini Medal \_\_\_\_\_ AHJA Children's Medal \_\_\_\_\_ AHJA Junior/Amateur Medal \_\_\_\_\_

AHJA Adult Medal \_\_\_\_\_ AHJA Pony Medal \_\_\_\_\_ AHJA Silver Stirrup Medal \_\_\_\_\_

E) How many AHJA Membership Applications were received at this show? \_\_\_\_\_ (please forward to AHJA)

F) How many total horses exhibited at this show? \_\_\_\_\_

G) AHJA Fee Calculation

Category I Shows: Total Number Of Horses x \$3.00 Per Horse = \$ \_\_\_\_\_ (payable to AHJA)

Category II Shows: Total Number Of Horses x \$2.00 Per Horse = \$ \_\_\_\_\_ (payable to AHJA)

All AHJA Membership Applications (along with the respective checks), this form, the results and payment for the AHJA Fees must be sent to the AHJA and must be postmarked not later than fourteen (14) days after the conclusion of the competition. Please insure that results from all classes held at the show are included. Results should include placings for each class, the number of entries in each class, horse name, rider name, owner name, and prize money won for any jumper classes. Should there be any questions regarding this form or the results, please list the name, telephone number and email address of the person who can be contacted.

Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

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

Signature (Manager / Secretary): \_\_\_\_\_ Date: \_\_\_\_\_

**Send This Form & All Related Paperwork To:**

**AHJA Show Approvals, PO Box 22254, Phoenix, AZ 85028**

---

### For AHJA Use Only

Date Form Received: \_\_\_\_\_ Membership Applications: \_\_\_\_\_ (match line E)

Results Received: \_\_\_\_\_ Check#: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_