ARIZONA HUNTER JUMPER ASSOCIATION
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 Mini Maclay _____ AHJA Adult 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 $2.00 Per Horse = $_____ (payable to AHJA)

Category II Shows: Total Number Of Horses x $1.00 Per Horse = $_____ (payable to AHJA)

All white copies of the 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, 15560 N. Frank Lloyd Wright Blvd. #B4-205, Scottsdale, AZ 85260

For AHJA Use Only

Date Form Received: _____ Membership Applications: _____ (match line E)

Results Received: _____ Check#: _____ Date: _____ Amount: _____