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AHA Post Competition Report Cover Sheet

Please complete the applicable sections of this form and return along with a check or Visa/MC/Amex/Discover number covering fees collected. **All fees must be sent no later than 10 days after the close of the show. Shows which do not submit results and/or funds within 10 days will be assessed a $50 per day penalty.**

Concurrent Show Please inlcude both Recognition Numbers

Show Number 1 _____ Show Name 1 _____

Show Number 2 _____ Show Name 2 _____

Show Dates _____ Location _____

Show Manager _____ Show Secretary _____

Address _____ Address _____

Email _____ Email _____

Phone _____ Phone _____

REQUIRED INFORMATION & FEES

Concurrent Shows - SEM fees are paid once.

Single Event Membership (SEM) AHA Affiliate Club Show (As of 4/1/24)	_____	X	$20.00	= $ 0.00
Single Event Membership (SEM) Non - AHA Affiliate Club Show (As of 4/1/24)	_____	X	$40.00	= $ 0.00

Choose one (9-90 is only paid once)

1 AHA Judges & Stewards Education Fee (9-90) Regular Show	_____	X	$5.00	= $ 0.00
2 AHA Judges & Stewards Education Fee (9-90) Concurrent Show ($5.x 2)	_____	X	$10.00	= $ 0.00
3 AHA Judges & Stewards Education Fee (9-90) **Regional Show**	_____	X	$20.00	= $ 0.00

Choose One

1 AHA Results Reporting Fee Regular & Regional (Number of horses in the Show)	_____	X	$7.00	= $ 0.00
2 AHA Results Reporting Fee Concurrent ($7. x2) (Number of horses in the Show)	_____	X	$14.00	= $ 0.00

Pay per show

Number of classes added to the show *including filled TBA (Per Show)*	_____	X	$15.00	= $ 0.00
$50 Results processing fee for Non-electronic results	_____	X	$50.00	= $ 0.00

Additional Fees inlcuded with results

Number of AHA Adult with Competition memberships (As of 4/1/24)	_____	X	$135.00	$ 0.00
Number of AHA Youth with Competition memberships	_____	X	$50.00	$ 0.00
Number of AHA Business memberships	_____	X	$100.00	$ 0.00
Total due if paying with check or money order			**TOTAL**	$ 0.00
			** 3%	$ 0.00
Total due if paying with Credit Card			**CC TOTAL**	$ 0.00

PAYMENT INFORMATION (do not detach)

TOTAL AMOUNT ENCLOSED _____ (ENTER AMOUNT FROM ABOVE)

PAYMENT METHOD Make checks payable to AHA. *Please do not send cash*.

A required 3% Convenience Fee will be added by AHA to payments made by Credit Card.
A Convenience Fee charge does not apply if the customer submits payment by check or money order.

CHECK # _____ CC ○ Visa ○ AMX ○ MasterCard ○ Discover

Credit Card # _____

Exp Date _____ CVV _____

Card Holder's Name _____

Card Holder's Billing Address _____

Billing Zip Code

The results file and the Post show report with fees paid in full MUST be submitted within 10 days for the results to be considerd complete and on time or a fine will be assessed to the show sponsor.

CLASSES ADDED TO SHOW		
Class Number	**Class Code**	**Class Title**

SPLIT CLASSES		
Class Number	**Class Code**	**Class Title**

TBA CLASSES WITH ENTRIES		
Class Number	**Class Code**	**Class Title**

CANCELLED CLASSES		
Class Number	**Class Code**	**Class Title**