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AHA Post Competition Report Cover Sheet

4/1/20

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 15 days after the close of the show. Sponsoring organization will be invoiced for balance of fees not submitted with show results.

Concurrent Show Please use 2 forms one for each Recognition Number

Show Number _____ Show Name _____

Show Dates _____ Location _____

Show Manager _____ Show Secretary _____

Address _____ Address _____

Email _____ Email _____

Phone _____ Phone _____

REQUIRED INFORMATION & FEES

Single Event Membership (SEM) AHA Affiliate Club	_____	X	$17.50 =	$ 0.00
Single Event Membership (SEM) Non - AHA Affiliate Club ***Pay only once for Concurrent shows***	_____	X	$35.00 =	$ 0.00
$50 Results processing fee for Non-electronic results	_____	X	$50.00 =	$ 0.00
AHA Results Reporting Fee (Number of horses in the Show)	_____	X	$5.00 =	$ 0.00
AHA Judges & Stewards Education Fee (9-90) Regular Show	_____	X	$5.00 =	$ 0.00
AHA Judges & Stewards Education Fee (9-90) Concurrent Show ***Pay only once for concurrent shows***	_____	X	$7.00 =	$ 0.00
AHA Judges & Stewards Education Fee (9-90) Regional Show	_____	X	$15.00 =	$ 0.00
Number of classes added to the show	_____	X	$30.00 =	$ 0.00
Number of AHA Adult with Competition memberships	_____	X	$125.00 =	$ 0.00
Number of AHA Youth with Competition memberships	_____	X	$45.00 =	$ 0.00
Number of AHA Business memberships	_____	X	$100.00 =	$ 0.00
REGIONAL SHOWS ONLY - Recovery Fee per horse for 2020 ONLY	_____	X	$25.00 =	$ 0.00
			TOTAL	**$ 0.00**

Concurrent Shows Please do one (1) cover sheet for each recording number. Only the SEM & 9-90 fees are paid once.

PAYMENT INFORMATION (do not detach)

TOTAL AMOUNT ENCLOSED _____ (ENTER AMOUNT FROM ABOVE)

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

CHECK # _____ Visa ◯ MasterCard ◯ AMEX ◯ Discover ◯

Card Number _____

Exp Date _____ CVV _____

Card Holder's Name _____

Card Holder's Billing Address _____

Billing Zip Code

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