



# 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 15 days after the close of the show. Shows which do not submit results and/or funds within 15 days will be assessed a penalty.**

**Concurrent Show Please include 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 \_\_\_\_\_ X \$17.50 = \_\_\_\_\_

Single Event Membership (SEM) Non - AHA Affiliate Club \_\_\_\_\_ X \$35.00 = \_\_\_\_\_

**Choose one (9-90 is only paid once)**

1 AHA Judges & Stewards Education Fee (9-90) Regular Show \_\_\_\_\_ X \$5.00 = \_\_\_\_\_

2 AHA Judges & Stewards Education Fee (9-90) Concurrent Show (\$5.x 2) \_\_\_\_\_ X \$10.00 = \_\_\_\_\_

3 AHA Judges & Stewards Education Fee (9-90) **Regional Show** \_\_\_\_\_ X \$20.00 = \_\_\_\_\_

**Choose One**

1 AHA Results Reporting Fee Regular & Regional (Number of horses in the Show) \_\_\_\_\_ X \$5.00 = \_\_\_\_\_

2 AHA Results Reporting Fee Concurrent (\$5. x2) (Number of horses in the Show) \_\_\_\_\_ X \$10.00 = \_\_\_\_\_

**Pay per show**

Number of classes added to the show *including filled TBA (Per Show)* \_\_\_\_\_ X \$15.00 = \_\_\_\_\_

\$50 Results processing fee for Non-electronic results \_\_\_\_\_ X \$50.00 = \_\_\_\_\_

**Additional Fees included with results**

Number of AHA Adult with Competition memberships \_\_\_\_\_ X \$125.00 \_\_\_\_\_

Number of AHA Youth with Competition memberships \_\_\_\_\_ X \$45.00 \_\_\_\_\_

Number of AHA Business memberships \_\_\_\_\_ X \$100.00 \_\_\_\_\_

**TOTAL** \_\_\_\_\_

If paying with Credit Card \*\* 3% \_\_\_\_\_

**TOTAL** \_\_\_\_\_

## PAYMENT INFORMATION (do not detach)

TOTAL AMOUNT ENCLOSED \_\_\_\_\_ (ENTER AMOUNT FROM ABOVE)

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

**\*\*Effective June 1, 2019, 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 15 days for the results to be considered complete and on time or a fine will be assessed to the show sponsor.**





