



# KENTUCKY HUNTER JUMPER ASSOCIATION HORSE SHOW MEMBERSHIP APPLICATION

Dues of \$75 for all USEF-rated shows and \$50 for local shows must accompany this application for show dates. Dates must be applied for at least thirty (30) days prior to the show.

*All KHJA membership fees are non-refundable unless a duplicate payment has been made.*

Name of Show: \_\_\_\_\_ Show Dates: \_\_\_\_\_

Telephone During Show: \_\_\_\_\_ Show Rating: \_\_\_\_\_

Show Manager: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Show Secretary: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Once your horse show is approved, you are entitled to receive the KHJA mailing list to use at your discretion for show promotion. Please choose how you'd like to receive the names and address of KHJA members (select one):

\_\_\_\_\_ Three-cross, peel-off labels (mailed), \_\_\_\_\_ Word document formatted as labels (e-mailed), or \_\_\_\_\_ Excel file (e-mailed)

Email address to send KHJA member names and addresses: \_\_\_\_\_

Date addresses needed: \_\_\_\_\_

*As a reminder, KHJA member names and addresses will not be sent without payment of show fees.*

Mail application fees to:

**Sarah Coleman**  
KHJA  
PO Box 761  
Georgetown, KY 40324  
330 518 9001  
[sarahc232@hotmail.com](mailto:sarahc232@hotmail.com)

**Mark Llewellyn**  
KHJA  
PO Box 1122  
Versailles, KY 40383  
859 806 6778  
[mllewellyn@ker.com](mailto:mllewellyn@ker.com)

**Results must be received within ten (10) days of completion of show.**

Office Use Only		
DATE RECEIVED	AMOUNT	CHECK NUMBER