



## KHJA Clinic Reimbursement

If you are a KHJA member in good standing, you can receive **half off** a clinic entry fee, whether you ride in or audit a clinic that is *not* hosted by KHJA\*. Each KHJA member is eligible for one (1) clinic reimbursement in a 12-month period, TOTAL (not per horse). This reimbursement is limited to hunter, jumper and in-hand clinics *only* and must be received by the KHJA treasurer within 90 days of clinic conclusion.

To receive the reimbursement, you must include the following:

- This coupon signed by clinic management
- A receipt for your clinic fee (either a copy of your check from your bank or a copy of your credit card statement)
- A copy of the clinic information (ie, either a Facebook post or copy of a flyer) that states clinic details, including date, location and cost per ride

Please remit information to:

**KHJA**  
**PO Box 761**  
**Georgetown, KY 40324**

Should you have any questions, please contact Sarah at: 330-518-9001 (call/text) or [sarahc232@hotmail.com](mailto:sarahc232@hotmail.com)

*\*KHJA will reimburse you for the entry fee only—you will not be reimbursed for stabling, shipping, coaching, etc.*

### **QUESTIONS? CONTACT KHJA BEFORE YOU ATTEND TO ENSURE YOU WILL BE REIMBURSED.**

Do you have any photos for the KHJA newsletter and website you would be willing to provide? If so, please e-mail them to: [sarahc232@hotmail.com](mailto:sarahc232@hotmail.com)

Name of rider: \_\_\_\_\_ DOB: \_\_\_\_\_  
Date of clinic: \_\_\_\_\_ Clinician: \_\_\_\_\_  
Location of clinic: \_\_\_\_\_  
Did you audit or ride in this clinic: \_\_\_\_\_ Total cost of the clinic: \_\_\_\_\_  
Signature of clinic management: \_\_\_\_\_  
Check to be made out to: \_\_\_\_\_  
Mailing address: \_\_\_\_\_