



# GEORGIA HUNTER JUMPER ASSOCIATION, INC.

202 S. Main Street, Suite 200 • Alpharetta, Georgia 30009  
Fax 770-818-5565    [execsec@ghja.org](mailto:execsec@ghja.org)    [www.ghja.org](http://www.ghja.org)

## APPLICATION FOR HORSE SHOW SANCTION

NAME OF SHOW: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TYPE OF SHOW (circle one):

<p><b>USEF fees:</b> First show day = \$50.00 Additional days = \$25.00 each</p>	<p><b>USEF Local Member Show</b> \$50.00 per show</p>	<p><b>GHJA Local Show fees:</b> \$50.00 per show</p> <p><b>Or</b></p> <p>\$100.00 per show that offers Classic classes with double GHJA points</p>
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DATES REQUESTED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE COMPLETE:

APPLICATION AMOUNT PAID: \$ \_\_\_\_\_

GHJA MEMBERSHIP DUES PAID: \$ \_\_\_\_\_

METHOD OF PAYMENT: \_\_\_\_\_

**INDIVIDUAL OR ORGANIZATION FINANCIALLY RESPONSIBLE FOR HORSE SHOW**

NAME (please print): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

*I hereby agree to operate show(s) applied for above in accordance with the rules and regulations of the Georgia Hunter Jumper Association, Inc.*

X \_\_\_\_\_  
Signature Date

**SHOW CONTACT WHO WILL RECEIVE ALL SHOW MAIL & CORRESPONDENCES**

NAME (please print): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

*I hereby agree to operate show(s) applied for above in accordance with the rules and regulations of the Georgia Hunter Jumper Association, Inc.*

X \_\_\_\_\_  
Signature Date

GHJA MEMBERSHIP # \_\_\_\_\_

**ON-SITE SHOW MANAGER (if different from above):**

NAME (please print): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

*I hereby agree to operate show(s) applied for above in accordance with the rules and regulations of the Georgia Hunter Jumper Association, Inc.*

X \_\_\_\_\_  
Signature Date

GHJA MEMBERSHIP # \_\_\_\_\_