

INDIVIDUAL OR ORGANIZATION FINANCIALLY RESPONSIBLE FOR HORSE SHOW

NAME: _____

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

PRINTED NAME: _____

SHOW CONTACT WHO WILL RECEIVE ALL SHOW MAIL & CORRESPONDENCES

NAME: _____

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

PRINTED NAME: _____

OFFICIAL USE ONLY:

APPLICATION POSTMARK DATE: _____

CHECK NUMBER & BANK: _____

AMOUNT OF PAYMENT: \$ _____

DATE REVIEWED BY SHOW STANDARDS COMM: _____

DATE MEMBER DUES PAID: _____