



# 2024 AMHA REGIONAL SHOW REPORT

Return within **TEN DAYS** of the last day of the show

*Remember to save the form to your computer **BEFORE** completing it so that your changes are saved.*

1. Name of show: \_\_\_\_\_

2. Report prepared by: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street: \_\_\_\_\_

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

3. \_\_\_\_\_ = Number of horses on which the USEF drug fee was paid

4. NUMBER OF NEW AMHA MEMBERSHIPS COLLECTED AND ENCLOSED:

\_\_\_\_\_ Standard @ \$70.00 \$ \_\_\_\_\_

\_\_\_\_\_ Youth @ \$20.00 \$ \_\_\_\_\_

TOTAL amount of membership fees collected to send to AMHA \$ \_\_\_\_\_ (Line A)

5. NUMBER OF NON-AMHA MEMBER FEES COLLECTED:

\_\_\_\_\_ Non-AMHA member fees @ \$45.00 \$ \_\_\_\_\_ (Line B)

Multiply the number of non-member fees by \$5.00 \$ \_\_\_\_\_ (Line C)  
*(This is the amount to be kept for your Show's treasury.)*

Subtract Line C from Line B \$ \_\_\_\_\_ (Line D)  
*(This amount is due to AMHA.)*

Add Line A to Line D \$ \_\_\_\_\_ (Line E)

6. \_\_\_\_\_ = Number of horses competed. Multiply by \$2.00/horse \$ \_\_\_\_\_ (Line F)  
*(AMHA horse fee for the Judges' Education Program)*

Add Line E and Line F together – **This amount is due to AMHA:** \$ \_\_\_\_\_

**Please make your check or money order payable to AMHA, Inc. and send it along with this report to the AMHA within 10 days of the last day of your show to:**

AMHA – Regional Shows, 4037 Iron Works Parkway Ste 130, Lexington, KY 40511-8508

~ OR ~ email to: [nicole@morganhorse.com](mailto:nicole@morganhorse.com) with credit card information:

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Authorizing Signature: \_\_\_\_\_

*\*If signing electronically, I acknowledge that my electronic signature shall have the same validity, force, and effect as if I affixed my signature by my own hand.*