



2023 AMHA REGIONAL SHOW REPORT

Return within TEN DAYS of the last day of the show

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.

**Send this report along with your payment to the AMHA within
10 days of the last day of your show.**

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