

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

2021 AMHA SHOW REPORT

1. Name of show: _____

2. Report prepared by: _____

Title: _____ Telephone: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

3. _____ = Number of horses competing

4. NUMBER OF NEW AMHA MEMBERSHIPS COLLECTED AND ENCLOSED:

_____ Standard @ \$ 70 \$ _____

_____ Premium @ \$125 \$ _____

_____ Youth @ \$20 \$ _____

_____ Upgrades @ \$35 (includes \$5 service fee) \$ _____

_____ Upgrades @ \$90 (includes \$5 service fee) \$ _____

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 \$ _____ (Line B)

Multiply the number of non-member fees by \$5 \$ _____ (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 to be paid to AMHA.)

Total amount due to AMHA: (Add Line A to Line D) \$ _____ (Line E)

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.**

Send to:

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