

# 2021 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 – Suite 130  
Lexington, KY 40511-8508**