2026 AMHA REGIONAL SHOW REPORT

Return within TEN DAYS of the last day of the show

1. Name of show:_____

2. Report prepared by:_____

   Title:_____ Email: _____ 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 @ $80.00 $_____

   _____Youth @ $30.00 $_____

   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.

*A 3% convenience fee will be added to all debit/credit card transactions. No additional fees for payments by check or ACH.

Send this report along with your payment to the AMHA within <u>10 days</u> of the last day of your show.

Address:

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