



ALABAMA HUNTER JUMPER ASSOCIATION

2024 Show Sanctioning Application

AHJA SHOWS ONLY

SECTION I. SHOW MANAGER INFORMATION (All information is mandatory)

Contact Name: _____

Barn/Organization Name: _____

Address: _____

Phone: _____ Email: _____

SECTION II. SHOW DATE INFORMATION

Note: All applicable AHJA fees must be collected and submitted to the AHJA.

Name of Show 1: _____

Location and Address: _____

Judges: _____

Name of Show 2 (if applicable): _____

Location and Address: _____

Judges: _____

Date(s) of Show	Hunter or Jumper	Fees
Show 1: _____	_____	\$ _____
Show 2(if applicable): _____	_____	\$ _____
Total Fees:		\$ _____

<p><u>Fee Schedule</u></p> <p>Hunter: \$100 Jumper: \$75</p>

Note: Payment for the full amount MUST accompany this application or the application will NOT be considered.

SECTION III. AGREEMENT AND INDEMNIFICATION

By signing below, I hereby agree that I am authorized to represent and enter into this agreement by the requesting Show Management, Barn, and/or Stable. I agree to operate the requested shows in accordance with the rules and regulations of the United States Equestrian Federation and the Alabama Hunter Jumper Association where applicable. I state that I have read, understand, and will abide by the USEF and/or the AHJA By-Laws and Show Packet. I understand violations of AHJA rules as defined in the AHJA By-Laws and/or Show Packet may incur a penalty, fine, suspension, and/or sanction. I also agree to indemnify and hold harmless the AHJA, it's officers, board members, and agents from any liability and all claims of any kind (including, but not limited to costs, expenses and attorney fees) that might result from damages or injuries during, or in conjunction with any of the above requested shows, events, or functions, whether or not such damages, injuries or losses result directly or indirectly from the negligent act or omissions of the AHJA, it's officers, board members, or agents.

Signed: _____ Date: _____

Printed Name: _____ USEF Membership# _____

AHJA OFFICIAL USE ONLY:

Date Approved By Show Committee: _____ Approved by: _____

Check Number: _____ Amount of Payment: \$ _____ Membership Confirmed: _____