PLEASE ENCLOSE THIS COMPLETED FORM ALONG WITH YOUR PAYMENT

THJA POST - COMPETITION REPORT

Competition secretaries: Please complete this form and return it along with the results and a check covering fees collected. The information included on this form will assist THJA in properly crediting your account.

Please remember that show results must be forwarded by Registered Certified Mail or e-mail and must be postmarked within 10 calendar days of the competition (Section 5.3). Also, fees and THJA non-member fees must be forwarded to the THJA Secretary within 10 days of the close of the competition.

Competition Name / Date: _____

Contact / Secretary (please print): _____

Non-member fees collected $10 X_____= $ _____ enclosed
(# of Non-mbrs)

Show Recognition Fees: Total – Deposit = $_____ enclosed

Medal Classes:
(Please indicate the number of exhibitors in each class. Fees for holding THJA Medal classes are assessed at $5 per rider.)

JUNIOR / ADULT MEDAL $5 X_____ = $ _____enclosed

LIMIT MEDAL $5 X_____ = $_____enclosed

Total Amount Enclosed $_____

Name Of Rated Sections Combined _____
_____
_____
_____

Name Of Rated Sections Cancelled _____
_____
_____
_____

Name Of Medal Classes Cancelled _____
_____
_____
_____

Total Number and List Of All Exhibitors / Horses (attached):

Signature (Contact / Secretary):_____