ILLINOIS HUNTER & JUMPER ASSOCIATION

2027 IHJA Horse Show Application

- ☐ Return this form along with the appropriate fees (payable to the IHJA) to the IHJA office (address below)
  IHJA c/o Lexi Jacober -- P.O. Box 250 Gilberts, IL. 60136 – 630-973-8106 -- www.ihja.com
- ☐ Questions may be addressed to Lexi Jacober at (630) 973-8106 -- e-mail points@ihja.com
- ☐ Illinois Show Managers and Owners MUST be current IHJA members by the date of application for an IHJA show
- ☐ Approval of an IHJA show date requires that Managers and Owners must also be IHJA members during show year

Horse Show Information	
Name of Horse Show:	Show Dates Requested:
Exact Name of Farm or Facility where show will be held:	City, State where show will be held
Will this be a USEF recognized or B show? (circle one) **USEF AA / A / B** **IHJA / WHJA B Circuit**	Did this show operate last year? (circle one) **Yes / No**
Horse Show MANAGER – Contact Information	
Name of Horse Show Manager:	Telephone:
Address:	Fax: E-mail:
Horse Show SECRETARY – Contact Information	
Name of Horse Show Secretary:	Telephone:
Address:	Fax: E-mail:

*Important: Show Results formatting **must be** pre-approved by the Executive Secretary via e-mail at points@ihja.com*

Application and Processing Fees (please indicate the applicable fees);

- ☐ $ 100 Application Fee for **INSTATE** USEF AA, USEF A, USEF B Shows, IHJA B and WHJA B circuit Shows
- ☐ $ 100 Application Fee for **OUT OF STATE** USEF AA, USEF A, USEF B Shows, IHJA B and WHJA B circuit Shows

_____VISA _____M/C _____AMEX

Name on Credit Card _____ Exp. Date: _____/_____ Billing Zip Code _____

Credit Card Number _____ _____ _____. _____ Security Code _____

Total Fees Enclosed: $_____

FOR OFFICE USE	Date Received:	Check #: Amount: $
	Labels Sent:	Secretary Package Sent:
	Members List Sent:	Insurance Received: