



ILLINOIS HUNTER & JUMPER ASSOCIATION

2024 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 <u>where show will be held</u> :	City, State <u>where show will be held</u>
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:	