



SEND TO:
CPJHSA c/o Anna Gustafson
2370 Jessamy Court
Harrisburg, PA 17112

CENTRAL PENNSYLVANIA JUNIOR HORSE SHOW ASSOCIATION
2019 HORSE SHOW APPLICATION

Only one (1) show per form

You may attach a list of all your scheduled shows if no other changes

SHOW NAME: _____

DATE: _____ **RATING:** _____ **LOCATION:** _____

SHOW MANAGER: _____

SECRETARY/CONTACT: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT INFORMATION FOR CPJHSA AND WEBSITE:

PHONE FOR INFORMATION: _____

E-MAIL: _____ **WEB ADDRESS:** _____

Application will not be processed without show dues of \$50 attached. Results will not be processed if the application and all fees are not received before the start of the horse show.

Enclosed Show Dues \$50 _____

Show Manager must be a current member of the CPJHSA.

Enclosed Manager Annual Membership \$45 _____
(\$35 if paid before January 1, 2019)

Application must be received at least sixty (60) days prior to the start of the show, or A 100% penalty (\$50) will be assessed.

Results must be reported electronically, within ten (10) days of the conclusion of show in the appropriate format. Failure to do so will result in the results not being processed.

Results should be e-mailed to cpjhsa@hotmail.com and should include a PDF report for comparison. User name and password will be mailed if you use ShowPro.

Nonnegotiable funds will be subject to a returned check fee of \$30. Future dates will not be awarded to any show owing the CPJHSA money.

I have read and agree to the above: _____
Signature of Show Manager Date

Mailing List will be sent via e-mail. Enter the date you would like to receive it by: _____

CPJHSA OFFICE USE ONLY

Check # _____ \$ _____ Received: _____ Posted: _____ Labels/List Sent: _____

Number of shows applied for _____
