KHJA HORSE SHOW REQUEST FORM

Show fee is $250 per show (as of 2022), after your show dates have been granted this fee is non-refundable. **Submit payment by separate check for each show requested OR complete the credit card information at the end of this form.** Horse show requests sent without payment may not be considered or may be subject to a late payment fee of $50 (as of 2022). You may use one form to request multiple shows. One KHJA horse show consists of all Core Divisions and Classes as outlined in the KHJA rulebook and must be held on consecutive days.

Name of person or organization requesting a horse show: _____

Contact person: _____ Phone number(s): _____

Address: _____

Email: _____

Total number of shows requested: _____

Horse Show Date(s)

1st Show: _____ Alternate: _____

2nd Show: _____ Alternate: _____

3rd Show: _____ Alternate: _____

Please complete the following details about your show, as you know right now:

1. Horse show manager(s): If the person or organization requesting this horse show does not intend to manage the horse show, the show manager(s) should be listed below:

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Phone(s):_____ Phone(s):_____

2. Location of horse show: _____

3. Does this facility have an indoor arena, or access to one in case of inclement weather? □ Yes □ No

4. What are the approximate dimensions of the arena that you will use for the show(s): _____

5. Is stabling available on the show grounds? □ Yes □ No

6. Are you familiar with KHJA rules and guidelines governing KHJA sanctioned horse shows? □ Yes □ No

7. Is the horse show requestor currently a member of KHJA? □ Yes □ No – *Must be a member.*

8. How much experience has the show manager and/or organization requesting the horse show had running horse shows? _____

9. Do you plan to have another organization recognize this show? □ Yes, name: _____ □ No

10. KHJA fees DO NOT include liability insurance coverage. You must provide a Certificate of Liability Insurance listing Kansas Hunter Jumper Association and the KHJA Board of Directors as additional insured for the day(s) with a minimum of $1,000,000.00 coverage (as of 2022).

Write in your insurance company: _____

At least 30 days prior to your show, *you MUST provide a digital or hard copy of your insurance certificate to KHJA Recording Secretary Laura Stephens, lkstephens@gmail.com (as of 2023)*

11. Is there any other information you think would be helpful for the KHJA Board to know, in their review of your request for a KHJA horse show? (Please attach an additional page if necessary.)

_____

_____

_____

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Please return WITH PAYMENT by September 30 to:

Ashley Behlen, KHJA President
6030 W 333rd Street
Lebo, KS 66856
a.t.behlen@gmail.com

Credit Card Information (if not paying by check)
Card Type: □Visa □Master Card □American Express □Discover Name on Card: _____ Card Number: _____ Security Code/CCV: _____ Expiration Date: _____ Billing Address: _____ Email Address: _____
I _____, authorize KHJA to charge my credit card above for agreed upon purchases. Cardholder Signature: _____ Date: _____

□ CHECKLIST

Your horse show application is only complete when the following are enclosed:

□ Completed show application

□ $250 (as of 2022) check for EACH show requested OR □ Credit Card Information

□ Insurance Company Information