



Maryland Horse Shows Association, Inc. MHSA REGIONAL PROGRAM

PO Box 127 • Hampsstead, MD 21074

Phone • 410-591-0380 • secretary@mdhsa.org

2019 Regional Show Date Application

Please legibly complete information requested on both sides of this form.

Return with applicable fee 60 days prior to show date (*fee must accompany application*)

Name of Competition: _____

Location of Competition: _____

Date Requested: _____

Website Address: _____

Prize List Enclosed : Yes : _____ No: _____ (must be submitted 60 days prior to show date for review or \$50 late fee)

Manager is required to be current MHSA Senior/Lifetime Member in good standing
(complete attached membership form)

Manager: _____ MHSA #: _____

Phone: _____ Email: _____

Contact information will be published at www.mdhsa.org and sent out digitally.

Contact: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email: _____

Label file will be sent approximately 2 months before show date unless requested otherwise.

Excel File by Email: _____ Sent by: _____

Alpha Order: _____ Sent to: Manager _____ Contact _____

By Zip Code: _____ Address, if Other: _____

Do Not Send: _____

(continued on next page)

Mark Requested MHSA Regional Program Divisions and Classes OFFERED

Please Note: There is no additional charge for holding MHSA Equitation classes but they must be indicated on this form.

Hunters (check if offered)

- _____ Children's Hunter
- _____ Adult Amateur Hunter
- _____ Low Children's Hunter Horse
- _____ Low Adult Amateur Hunter
- _____ Small/Medium Pony Hunter
- _____ Large Pony Hunter
- _____ Low Pony Hunter
- _____ Low Hunter
- _____ Working Hunter
- _____ Thoroughbred Hunter
- _____ Short Stirrup Hunter

Miscellaneous (check if offered)

- _____ Pleasure Horse
- _____ Pleasure Pony

Equitation (check if offered)

- _____ Lead Line
- _____ Short Stirrup Equitation
- _____ Junior Equitation
- _____ Adult Amateur Equitation

Jumpers (check if offered)

- _____ Children's/Adult Amateur
- _____ Open Jumper

MHSA Medal Classes (check if offered)

- _____ MHSA Adult Amateur Medal
- _____ MHSA Children's Pony Medal
- _____ MHSA Low Children's Medal
- _____ MHSA Low Adult Amateur Medal
- _____ Gittings Horsemanship

Medal fees of \$5 per rider must be paid within 10 days of the competition or a \$50 late fee will be charged

SHOW APPLICATION FEES

Show Manager Membership Dues	\$ 50.00
MHSA Recognized One Day Show	\$ 100.00
Each Additional Day	\$ 100.00

Manager Dues \$ _____
complete attached form

Show Fees \$ _____

Total Due \$ _____

All fees must be paid within 60 days of the competition

Proof of insurance for each show date naming the MHSA as additional insured must be provided to the MHSA prior to the show date. Please include with show application or send a copy to the MHSA office. I, the show manager, declare that we currently have an insurance policy naming the MHSA as additional insured for the above listed horse show date(s). (Minimum \$1 million occurrence, \$2 million aggregate). Show will not be recognized without show manager signature and policy number.

Signature _____
Show Manager/Show Chairman (show will not be recognized without signature)

Date _____

Policy #: _____

The undersigned agree to abide by the By-Laws, Rules and Regulations of MHSA, Inc. and affirm that application has been made at least 60 days prior to the date of the show and that all applicable fees accompany this application. It will be understood that under no circumstances will the show be approved unless all fees have been paid. In addition, no application will be accepted for a show until all bills to the Association for previous shows have been paid.

Signature _____
Show Manager/Show Chairman

Date _____



Maryland Horse Shows Association, Inc.
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Phone: 410-591-0380

SHOW MANAGER APPLICATION FOR MEMBERSHIP

Name: _____ Life Dues \$450.00

Street Address: _____ Senior Dues \$50.00

City/State/Zip: _____

MHSA Membership Number: _____ Phone: _____

Email: _____

I hereby apply for Membership for the year 20____ and enclose payment of \$_____
(Membership expires November 30). To be eligible to vote at the Annual Meeting, dues must be paid in
accordance with Rule II, Part I, Section 5.

Signature _____

Date _____

Returned checks will be assessed a \$45.00 fee

December 2018

The _____ Horse Show
is operated in accordance with the rules of

**THE MARYLAND HORSE SHOWS ASSOCIATION, INC.
Maryland Regional Show**

MHSA Rated in the following divisions:
Adult Amateur Hunter •• Children's Hunter Horse
Low Adult Amateur Hunter •• Low Children's Hunter Horse
Low Pony Hunter •• Short Stirrup Hunter
Small/Medium Pony Hunter •• Large Pony Hunter
Low Hunter•• Thoroughbred Hunter
Working Hunter •• Pleasure Horse/Pony
Junior Equitation•• Adult Amateur Equitation
Short Stirrup Equitation •• MHSA Medals and Gittings

Maryland Horse Shows Association, Inc.
PO Box 127
Hampstead, MD 21074
Phone: (410) 591-0380
www.mdhsa.org

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payment of \$_____ (membership expires November 30). To
be eligible to vote at the Annual Meeting, dues must be paid in accordance
with Rule II, Part I, Sec. 5.

New Member _____ Renewing Member _____

Name _____

Address _____

City/State/Zip _____

Telephone _____

Email Address _____

Date of Birth _____

Life Dues \$450.00

Senior Dues \$50.00

Senior Amateur \$50.00

Junior Dues \$40.00

Farm Dues \$60.00

Note: To qualify for High Score Awards, an animal must be registered with the
Association and the Owner must be a member of the Association. Contact the
MHSA for a Horse/Pony recording form or go online at www.mdhsa.org

Name of Show

Maryland Regional Show

List divisions recognized

Sample Association Page

may be copied and corrections
made as indicated above.