



Maryland Horse Shows Association  
**Medal Class Fee Report- MHSA REGIONAL**

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**MHSA Competition Management/Secretaries:**

Please complete the form and return it along with a check for the amount of Medal Class Fees collected. Cash will not be accepted as proper payment. The information included on this form will assist this office to properly credit your account.

|                                      |
|--------------------------------------|
| Competition Name: _____              |
| Competition Date: _____              |
| Competition Location: _____<br>_____ |
| Person Completing this form: _____   |
| Phone: _____ Email: _____            |

|                                  |       |         |       |
|----------------------------------|-------|---------|-------|
| MHSA Adult Medal .....           | _____ | X \$5 = | _____ |
| Gittings Horsemanship .....      | _____ | X \$5 = | _____ |
| MHSA Children's Pony Medal ..... | _____ | X \$5 = | _____ |
| Low Children's Medal .....       | _____ | X \$5 = | _____ |
| Low Adult Amateur Medal .....    | _____ | X \$5 = | _____ |
| Total Amount Enclosed            |       |         | _____ |

Please send to:  
Jessica Schindler  
Maryland Horse Shows Association  
PO Box 127  
Hampstead, MD 21074