

AFFILIATE AWARDS PROGRAM APPLICATION

UNITED STATES HUNTER JUMPER ASSOCIATION



The purpose of these awards is to enhance an Affiliate's existing competition or horsemanship based award(s) with USHJA recognition. A maximum of three (3) awards across the categories may be selected **PLUS** one (1) Overall Year End Championship trophy. Please complete the Affiliate equitation Awards program Application to enroll your Association's Program in the USHJA Affiliate equitation Awards program. This application must be received in the USHJA office a minimum of 90 days before the event.

USHJA Affiliate Association Name: _____

USHJA Affiliate Association Member Number: _____ Membership Year: _____
(please attach the specifications for each of your participating classes for our records)

OPTION 1: CHAMPIONSHIP CLASSES

Name of Competition Hosting Your Affiliate Medal Class: _____

Date and Location of Competition: _____

Categories: Hunter Jumper Equitation

Contact Person's Name: _____ Phone: _____ E-mail: _____

Contact Person's Address: _____

OPTION 2: YEAR-END CHAMPIONS

Categories: Hunter Jumper Equitation Overall Year-End

Date and Location of Year End Awards Presentations: _____

Contact Person's Name: _____ Phone: _____ E-mail: _____

Contact Person's Address: _____

OPTION 3: HORSEMANSHIP PROGRAM or SPORTSMANSHIP AWARD

Date and Location of Awards Presentation : _____

Contact Person's Name: _____ Phone: _____ E-mail: _____

Contact Person's Address: _____

I acknowledge and understand that the acceptance of this application for consideration for a USHJA affiliate award program remains at the sole discretion of the USHJA. I acknowledge that if selected as a USHJA affiliate sportsmanship winner the USHJA reserves the right to use information provided in this application for promotional purposes. please be advised: the typing of your name below shall be considered to be an electronic signature and shall be considered to have the same legal effect and validity as your handwritten signature. therefore, in so typing your name in the fields below, you are confirming this verification statement and the truth of the contents of the application.

Signature: _____

SEND APPLICATION TO:

AFFILIATE EQUITATION AWARDS PROGRAM • UNITED STATES HUNTER JUMPER ASSOCIATION • 3870 CIGAR LANE • LEXINGTON, KY 40511 •
PHONE: 859.225.6700 • FAX: 859.258.9033

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