



Clinic & Competition Financial Report

Event Name: _____ Date: _____

Association: _____ Region: _____

Lead Clinician: _____ Phone: _____

Name of Judges:

1. _____	Classes: _____	ASHA #: _____
2. _____	Classes: _____	ASHA #: _____
3. _____	Classes: _____	ASHA #: _____
4. _____	Classes: _____	ASHA #: _____

Show Classification: (Refer to Page 29 of Handbook)

Single Judge
 Double Judged- Combined Show Results
 Double Judged- Two Independent Show Results
 Collegiate

Clinic Income Report			Fees Due
Clinic Fees	Clinic Participants	_____ x \$ 5.00	\$ _____

Competition Income Report			
Competition Fees	Horse Rider Combinations	_____ x \$ 5.00	\$ _____
	Collegiate Horse Rider Combination	_____ x \$ 5.00	\$ _____

Memberships & Competition Licenses Report			
Memberships	Adult Membership	_____ x \$ 25.00	\$ _____
	Youth Membership	_____ x \$ 15.00	\$ _____
	Collegiate Membership	_____ x \$ 15.00	\$ _____
	Life Membership	_____ x \$ 250.00	\$ _____
Competition Licenses	Competition Licenses Applications	_____ x \$ 15.00	\$ _____
	Horse Transfer	_____ x \$ 5.00	\$ _____

Show Report			
Show Program	Show Producer not using Show Pro	_____ x \$ 150.00	\$ _____
Late Reporting Fee	Failure to report within 15 days	_____ x \$ 50.00	\$ _____

Total Fees	Checks made payable to ASHA and stapled to this form	\$ _____
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Show Secretary: _____ Signature: _____

Email: _____ Phone: _____