

VHJA Application for Show Affiliation (excluding warm-up days)

(Please use one form per show)

Name of Farm or Business: Date/Year:		
Please check one: AFFILIATION FEES ONE DAY SHOW \$60		Circle One:
TWO DAY SHOW ADDITIONAL DAY MEDAL ONLY	\$100.00 \$30 \$30 per day	Level 1:USEF & VHJA Affiliation
		Level 2:VHJA & NEHC Affiliation
		Level 3:VHJA Medal Class Affiliation
Name of Show:		·
Requested Date(s) of Show:		
Location of Show:		
Name of Show Manager:		
Show Manager VHJA Member Number	(required for a	ffiliation):
Address:		Zip:
Email Address:		Phone Number:
Amount Included with Application: \$_		
Please make your check payable to VH VHJA, % , Nicole Julian, 7 Coun		
Your show 1. Affiliation with USEF/NEHC, if	-	ed to send proof of:
2. Check for full amount must acc		
3. Proof of insurance naming VHJ	A, and any othe	er affiliates including warm-up/show days
	TITUTE A VIOLA OVISION AS STA	