



**Maryland Horse Shows Association, Inc.**

PO Box 127 Hampstead, MD 21074

[secretary@mdhsa.org](mailto:secretary@mdhsa.org)

410-591-0380

**Medal Class Fee Report - MHSa Regional**

**MHSa Competition Management/Secretaries:**

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

Competition Name: \_\_\_\_\_

Competition Date: \_\_\_\_\_

Competition Location: \_\_\_\_\_  
\_\_\_\_\_

Person Completing this form: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

<b>MHSa Medal Classes</b>	<b><u>Number of Riders</u></b>	<b>X</b>	<b><u>\$5 Per rider</u></b>	
MHSa Adult Medal	_____	x	\$5	_____
Gittings Horsemanship	_____	x	\$5	_____
MHSa Children's Pony Medal	_____	x	\$5	_____
MHSa Low Children's Medal	_____	x	\$5	_____
MHSa Low Adult Medal	_____	x	\$5	_____
MHSa Hunt Seat on Horses	_____	x	\$5	_____
Total Amount Enclosed				_____

**Please send check to:**

Maryland Horse Shows Association, Inc.  
Jessica Schindler  
PO Box 127  
Hampstead, MD 21074

**Credit Card Payment information**

Name on Card: \_\_\_\_\_  
Credit Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Security Code: \_\_\_\_\_  
Zip Code: \_\_\_\_\_