

**2019**  
**INTER-STATE HORSE SHOW ASSOCIATION, INC.**

**HORSE SHOW APPLICATION**

Dear Horse Show:

Inter-State Horse Show Association, Inc. is requesting that your show join IHSA for the coming 2019 horse show year. IHSA has members who live in Ohio, Pennsylvania, West Virginia, Maryland and New York. The members have asked for your show to belong to IHSA so that they can obtain points towards year-end awards. We have enclosed a copy of the 2019 list of classes.

IHSA recognizes the cost incurred to sponsor a horse show and, in regard to this factor, we have maintained our present schedule of fees for 2019.

One day show	-	\$20.00
Two day show	-	\$40.00
Three or more days' show	-	\$60.00

If you wish your show to have DOUBLE POINT status, please include an additional \$15.00 per day. **Join by April 1<sup>st</sup>, your show will have DOUBLE POINT status for FREE.** Once you have joined, please state on your prize list that your show is a "Double Point" show and Inter-State members will receive the extra points for attending.

Many exhibitors are looking forward to the forthcoming horse show season and are hoping that your show will be a member of the Inter-State Horse Show Association, Inc. A current membership list, made into labels, will be sent to you.

Deadline for joining IHSA is April 1<sup>st</sup>. Please reply positively. If this date is not appropriate for your show committee meeting, please return your application, as soon as possible, after April 1<sup>st</sup>. We will let our members know if you join at a later date.

Please complete the application at the bottom of this page and send, along with your check made payable to "IHSA", for the proper amount, to our secretary, Dolores 'Chip' Walker, 4359 Westinghouse Ave, Trafford, PA 15085-1721. Telephone Number 724-433-2196.

THANKING YOU FOR  
YOUR CONSIDERATION

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Name of Horse Show: \_\_\_\_\_

Date of Horse Show: \_\_\_\_\_

Show Contact: \_\_\_\_\_

Address: \_\_\_\_\_

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

Fee: \$ \_\_\_\_\_ Double Point Fee: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_ Application date: \_\_\_\_\_