

MHJA Show Approval Request Form

General Information:

Show Name:	
Show Date:	
Show Location:	
Show Manager: (Name, Address, phone number & email address)	

Please Send with This Form:

Item	X for Yes	<i>Board Comments</i>
Copy of Class List:		
Name of Judge:		
Check for \$150		
Certificate of Insurance with MHJA & board coverage.		

Mail to:

Claudia Thorsrud
 295 River Bend Road
 Bigfork, MT 59911
 (406) 837-2636
 Cell: (406) 270-7307
dutchk@montanasky.us