

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:

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

Mail to:

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