



Show Approval Request Form

Show Name: _____

Show Date(s): _____

Show Location: _____

Show Manager Name: _____

Address: _____

Phone: _____

Email: _____

Name of Judge: _____

Please remit the following items with this form:

Copy of Class List;

Certificate of Insurance with MHJA board and organization coverage;

Check for \$150.00

Mail to:

Marilyn Frame

40787 Partridge Trail

Polson MT 59860

showdirector@montanahunterjumper.org

Board Comments:

