



HORSE SHOW MEDAL CLASS DECLARATION FORM

Please register your shows that will hold a 2017 CPHA Foundation Medal Class. Show registrations must be received at least thirty (30) days prior to the show date(s). Please note that a \$25 registration fee per medal class is due upon registration. If a class is canceled, CPHA Foundation will refund the registration upon receipt of the Post Show Report. Please complete one form per show location and/or show contact. If the same show contact is responsible for shows at different locations, please complete separate forms for the different locations.

Show Contact: _____ E-Mail: _____

Phone: (_____) _____ Fax: (_____) _____

Mailing Address:

City: _____ State: _____ Zip Code: _____

Shipping Address (if different):

City: _____ State: _____ Zip Code: _____

Please list all shows held at the same location/facility:

Show Name: _____

Date: _____

Foundation Equitation Class WCE

Total Registration Enclosed: \$ _____

Show Name: _____

Date: _____

Foundation Equitation Class WCE

Total Registration Enclosed: \$ _____

Show Name: _____

Date: _____

Foundation Equitation Class WCE

Total Registration Enclosed: \$ _____

Show Name: _____

Date: _____

Foundation Equitation Class WCE

Total Registration Enclosed: \$ _____

Date Received _____ Ck# _____ Amount _____

