



10153 1/2 Riverside Dr. Suite 391, Toluca Lake, CA 91506

### Horse Show Medal Report:

Please complete this form and return it to the CPHA Foundation at the address listed above. Enclose the total fees due payable to the CPHA Foundation. There is a \$25.00 registration fee plus \$5.00 per rider. If the registration was not received prior to the show please include. This material is due to the CPHA Foundation within 10 days of the conclusion of your horse show. Please enclose a prize list.

Show Name: \_\_\_\_\_ Date: \_\_\_\_\_ Please enclose Prize List \_\_\_\_\_

CPHA Foundation Entries \_\_\_\_\_ x \$5.00/rider Balance Due: \$ \_\_\_\_\_  
Registration: \_\_\_\_\_ \$25.00  
Class # \_\_\_\_\_

CPHA WCE Medal total entries: \_\_\_\_\_ x \$5.00/rider Balance Due: \$ \_\_\_\_\_  
Registration: \_\_\_\_\_ \$25.00  
Class # \_\_\_\_\_

Total Due \_\_\_\_\_

Please enclose the following for each class held:

- Results through 5<sup>th</sup> for the Foundation and 8<sup>th</sup> for the WCE with complete mailing addresses
- **Complete class sheet of all riders in the class (this can be part of the results providing the report lists all riders and their addresses)**
- Memberships submitted to the horse show office
- Final payment for the medal classes held.

Number of Professional memberships \_\_\_\_\_

Number of Jr/Am memberships \_\_\_\_\_

Number of Trainer memberships \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email Address \_\_\_\_\_

I certify that the above information is complete and correct.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Date Received: \_\_\_\_\_ Ck. # \_\_\_\_\_ Amount: \$ \_\_\_\_\_