



### HORSE SHOW MEDAL CLASS POST SHOW REPORT

Please complete this form and return it to the CPHA at the address listed above. Enclose the total fees due payable to CPHA. In addition, please enclose any professional memberships and any junior, amateur, owner or horse registrations. This material is due to the CPHA within 10 days of the conclusion of your horse show. If the \$25 registration has been paid, only \$7 per rider is due.

**Please enclose a prize list.**

Show Name:	Date:	Please enclose Prize List
CPHA Jr. Medal total entries:		
Class # _____ Number of riders: _____	_____ x \$7/rider	Balance Due: \$ _____ \$25.00 registration _____
CPHA Am. Medal total entries:		
Class # _____ Number of riders: _____	_____ x \$7/rider	Balance Due: \$ _____ \$25.00 registration _____
CPHA Horsemanship total entries:		
Class # _____ Number of riders: _____	_____ x \$7/rider	Balance Due: \$ _____ \$25.00 registration _____
CPHA Child/Adult total entries:		
Class # _____ Number of riders: _____	_____ x \$7/rider	Balance Due: \$ _____ \$25.00 registration _____
CPHA Style of Riding total entries:		
Class # _____ Number of riders: _____	_____ x \$7/rider	Balance Due: \$ _____ \$25.00 registration _____
CPHA Green Incentive _____ Horses (No fees due)		
Class # _____		\$25.00 registration _____

Total Due (less \$25.00 registration paid in advance) \_\_\_\_\_

- Please enclose the following for each class held
- Results through 5<sup>th</sup> with complete mailing addresses, thru 8<sup>th</sup> for the Green Incentive Program
- Complete class sheet of all riders and/or horses in the class (this can be part of the results providing the report lists all riders and their addresses)
- In combined junior and amateur classes, please specify if riders are amateurs or juniors.
- Memberships submitted to the horse show office
- Final payment for the medal classes held plus \$25.00 per class if not previously registered.
- Green Incentive Program results and enrollment forms (with payment). No fees due from Horse Show.

Number of Professional memberships \_\_\_\_\_  
 Number of Jr/Am memberships \_\_\_\_\_  
 Number of Horse registrations \_\_\_\_\_

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

I certify that the above information is complete and correct.

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

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