



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 \$7.00 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 \$7.00/rider Balance Due: \$ _____
Registration: _____ \$25.00
Class # _____

CPHA WCE Medal total entries: _____ x \$7.00/rider Balance Due: \$ _____
Registration: _____ \$25.00
Class # _____

Total Due _____

Please enclose the following for each class held:

- Results through 5th for the Foundation and 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 membership's _____

Phone # _____ Fax # _____ Email Address _____

I certify that the above information is complete and correct.

Printed Name _____ Date _____ Signature _____

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