



10153 1/2 Riverside Dr. Suite 391, Toluca Lake, CA 91602

### 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 \$15.00 per rider. This material is due to the CPHA Foundation within 10 days of the conclusion of your horse show. . Please fill out completely.

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

CPHA Foundation Entries \_\_\_\_\_ x \$15.00/rider Balance Due: \$ \_\_\_\_\_  
Registration: \_\_\_\_\_ \$25.00  
Class # \_\_\_\_\_

CPHA WCE Medal total entries: \_\_\_\_\_ x \$15.00/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 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: \$ \_\_\_\_\_