



HORSE SHOW MEDAL CLASS POST SHOW REPORT

Please complete this form and return it to the CPHA at the address listed below. 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. .

Please fill out completely.

Show Name:	Date:	Please enclose Prize List
CPHA Jr. Medal total entries:		
Class # _____ Number of riders: _____	_____ x \$10/rider	Balance Due: \$ _____ \$25.00 registration _____
CPHA Am. Medal total entries:		
Class # _____ Number of riders: _____	_____ x \$10/rider	Balance Due: \$ _____ \$25.00 registration _____
CPHA Horsemanship total entries:		
Class # _____ Number of riders: _____	_____ x \$10/rider	Balance Due: \$ _____ \$25.00 registration _____
CPHA Child/Adult total entries:		
Class # _____ Number of riders: _____	_____ x \$10/rider	Balance Due: \$ _____ \$25.00 registration _____
CPHA Style of Riding total entries:		
Class # _____ Number of riders: _____	_____ x \$10/rider	Balance Due: \$ _____ \$25.00 registration _____
CPHA Green Incentive _____ x \$0 (No fees due)		
Class # _____ 3',3'3" _____ #horses	Class# _____ 3/6",3'9" _____ #horses	\$25.00 Registration \$ _____

Total Due _____ \$ _____

- Please enclose the following for each class held
- Results through 5th with complete mailing addresses, thru 8th 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.
- Green Incentive Program results and enrollment forms (with payment). No fee per rider due.

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: \$ _____

10153 ½ Riverside Dr. Suite 390 Toluca Lake, CA 91602 818-9559500 info@cpha.org