



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 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: \$ _____