



TWO DAY SHOW FORM

SHOW DATE: _____ RIDER #: _____

*** CGA MEMBERSHIP IS A REQUIREMENT TO PARTICIPATE IN THIS HORSE SHOW. ***

IF YOU ARE NOT A MEMBER, YOU **MUST** JOIN CGA TO RIDE. THE SHOW SECRETARY WILL PROVIDE YOU WITH A MEMBERSHIP FORM.

Are you a CGA member? YES _____ NO _____
Are you a V-Spurs member? YES _____ NO _____

CGA State ID# _____

Rider Name _____ Circle: Horse / Pony Mount Name: _____

Circle Division: Leadline FC A AA AAA AAA+ Open Pony

Address: _____ Phone #: _____ Email: _____

City: _____ State: _____ Zip: _____ Birthdate (if under 18): _____ Age _____

Show Events

Mark the events you want to enter as:

R (Regular), **S** (Setup), **T** (Time Only),

or **SR** (Schooling Run), **J** (Jackpot):

****** Check this box if riding ALL Regular**

Saturday Events

- _____ Barrels
- _____ Figure 8 Flag
- _____ Figure 8 Stake
- _____ Keyhole
- _____ Speed Ball
- _____ Speed Barrels
- _____ Poles 2

Sunday Events

- _____ Birangle
- _____ Hurry Scurry
- _____ Poles 1
- _____ Quadrangle
- _____ Single Stake
- _____ Big T

Financial Summary

Member Price: Regular _____ x \$5.50 \$ _____

Non-Member Price: Regular _____ x \$7.00 \$ _____

Setup/Time Only: _____ x \$4.50 \$ _____

Schooling Runs _____ x \$3.00 \$ _____

5/D Jackpot _____ x \$5.00 \$ _____

CGA: Membership (\$25.00/\$50.00) \$ _____

Level 1 Awards (\$35.00) Level 2 Awards (\$40.00) \$ _____

ROC/Sn El/Top Rating + Level 1 (\$120.00) \$ _____

ROC/Sn El/Top Rating + Level 2 (\$125.00) \$ _____

Top Rating + Level 1 + Level 2 (\$140.00) \$ _____

District 33 Club Membership: (Working/Non-Working)

Junior (\$20.00 / \$40.00) \$ _____

Senior (\$25.00 / \$50.00) \$ _____

Family (\$30.00 / \$60.00) \$ _____

Voluntary Judges Year-End Award Donation \$ _____

Grounds Fee: Waived if Pre-registered Days _____ x \$5.00 \$ _____

Saturday Breakfast Meal Tickets _____ x \$5.00 \$ _____

Saturday Lunch Meal Tickets _____ x \$5.00 \$ _____

Saturday Dinner Meal Tickets _____ x \$8.00 \$ _____

Sunday Breakfast Meal Tickets _____ x Free \$ _____ N/C

Sunday Lunch Meal Tickets _____ x \$5.00 \$ _____

Other _____ x \$ _____ \$ _____

Raffle Tickets ___ 1=\$1 ___ 6=\$5 ___ 12=\$10 ___ 25=\$20 \$ _____

TOTAL: \$ _____

RELEASE OF LIABILITY

The California Gymkhana Association, Inc., and cosponsoring organization, if any, will not be responsible for any accident that may occur to be caused by any equine competing at any show, or for any article of any kind or nature that may be lost or destroyed or in any way damaged. Each competitor will be responsible for any injury that may be occasioned to any person or animal or damage to any property while on the grounds by any equine owned, or in his custody or control, and shall indemnify and hold harmless the California Gymkhana Association, its officials and directors individually and collectively, and cosponsoring organization, clubs, and arena owners, if any, from and against all charges and expenses of every kind and nature whatsoever arising out of or which may be incurred by reason of any accident, injury, or damage to person or property caused by the ownership, competition or custody or control of any animal competition. Presentation of first signed entry form and/or membership application shall be deemed acceptance of this release throughout the entire show season for any subsequent CGA sanctioned function in which you or your child/children may participate. In signing this release, please bear in mind that gymkhana is a contest of speed, that there is a certain element of danger involved, and that you will be riding at your own risk. **CGA REQUIRES that's its members wear approved safety helmets. If you choose not to wear a safety helmet, then you as an adult rider will accept full responsibility for yourself for any injury which may result from the act when riding in any CGA sanctioned show. EFFECTIVE March 1, 2003 all riders under 18 are required to wear a helmet when riding in a CGA sanctioned show.** In addition, I certify that I'm either an Individual or Family Member of the California Gymkhana Association.

MAIL PRE-REGISTRATION FORM TO: Diane Krogh 2916 Hill Valley Dr., Escondido, CA 92029

MUST RECEIVE FORM BY THE WEDNESDAY BEFORE THE SHOW.

Signature of Applicant (required)

(Parent or Guardian if under 18 years of age)

Amt. Paid: _____ Method: Check # _____ Cash _____ Coupon _____ Show Secretary Initials _____

Participation Ribbon Received? N/A Yes Rider's Initials if "yes" _____