

CSHA Region _____

Gymkhana Show Approval Request

Show Sponsor _____

Show Secretary _____ Telephone (_____) _____

Address _____

City _____ Zip Code _____

Email _____ @ _____ . _____

Location of show _____

Is the show sponsor a CSHA member? _____

Approval is requested for: Point Show _____ Rating Show _____

Show date requested ____/____/____ Alternate date ____/____/____ Rain date ____/____/____

Judge _____ CSHA licensed? _____

Show Events:

- 1. Big T
- 2. Cloverleaf Barrels - Table 1
- 3. Birangle
- 4. Skill Barrels
- 5. _____
- 6. _____
- 7. _____
- 8. _____

Will proceeds from this show benefit the State Gymkhana Program? _____

State Rider's fee to be charged of no less than \$2.00 Region set \$ _____.00 per combination

The show secretary is to submit a copy of the show's time sheets to the Region Gymkhana Chairman and the State Rating Secretary.

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Region Approval

Date form received ____/____/____ Approved yes ____ no ____

Date form returned to Show Secretary ____/____/____ Date form sent to Rating Secretary ____/____/____

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State Rating Fees
Make check payable to: CSHA Gymkhana
Mail to State Rating Secretary
Linda Hull
P.O. Box 722
Clayton, CA 94517