



California Dressage Society APPLICATION FOR CDS SHOW RECOGNITION

(all information must be completed, applications must be submitted 6 weeks prior to show date)

Name of Show _____ Date of Show _____

Address of Show (Town must be included) _____

Judge (s) _____

Is this a CDS **CHAPTER** Show: YES _____ NO _____ (which chapter) _____

Will your show be Recognized by **USEF** and **USDF**: NO ___ YES ___ (provide recognition number _____) OTHER ___

Classes offered: DRESSAGE IN-HAND BREED BOTH

If your recognition numbers are not available, you must attach copies of your USEF recognition applications
NON-CHAPTER and NON-USEF shows must attach a **certificate of insurance**, proving equal liability (\$1,000,000)

Show Manager:

Name _____

Address _____

City _____

State, Zip _____

Phone _____

CDS Member Number (required) _____

Show Secretary:

Name _____

Address _____

City _____

State, Zip _____

Phone _____

CDS Member Number (required) _____

Show fees: **\$30.00 PER DAY** for Chapter and non-chapter shows (non refundable).

I have read the Requirements for CDS Recognition as stated in the Show Packet and agree to fulfill all of these requirements. I understand that if any of these requirements are not fulfilled, recognition may be **denied or revoked**, or future shows **may not be recognized**. QUESTIONS: CDS CENTRAL OFFICE 831-659-5696.

signature of show manager and/or show secretary

Return **WHITE** copy with fees to CDS Central Office • P.O.Box 417 • Carmel Valley, CA 93924 • Keep **PINK** copy for your files