

# CDS SHOW REPORT COVER SHEET

CDS CHAPTERS  
MUST FILE  
PAY SHEET  
TAX REPORTFORM  
INDEPENDENT  
CONTRACTOR  
FORM WITH SHOW  
RESULTS

SHOW NAME \_\_\_\_\_

SHOW DATE \_\_\_\_\_

JUDGE \_\_\_\_\_

LOCATION (TOWN) \_\_\_\_\_

SHOW SECRETARY \_\_\_\_\_ PHONE \_\_\_\_\_

CDS# \_\_\_\_\_

SHOW MANAGER \_\_\_\_\_ PHONE \_\_\_\_\_

CDS# \_\_\_\_\_

TECHNICAL DELEGATE \_\_\_\_\_

EMT \_\_\_\_\_ PHONE \_\_\_\_\_

**CDS HIGH SCORE PONY** \_\_\_\_\_

rider / pony / class #/ score

Pony must have USEF measurement card, temporary or permanent.

Must **INCLUDE** copy of measurement card with results

FEES:

COMPETITION GRANT FUND \$ \_\_\_\_\_

(\$2.00 required from each entry. 1 horse equals 1 entry.)

NUMBER OF HORSES IN THE SHOW \_\_\_\_\_

NON-MEMBER FEE AMOUNT \$ \_\_\_\_\_

(\$10.00 required for each non-member, RIDER AND OWNER)

Show reports **MUST** include **BY CLASS** on one page:

All classes and all rides, scratches and no-shows

CLASS / JUDGE

HORSE

RIDER (full name)

RIDER CDS number

OWNER (no business/barn names)

OWNER CDS number

RAW SCORE

PERCENTAGE to three decimals

PLACE

Scores will not count  
unless the  
Rider **AND** the Owner  
are CDS Members

SEND TO  
CDS CENTRAL OFFICE  
P O BOX 417  
9 DEL FINO PL #202  
CARMEL VALLEY, CA 93924