



# 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) \_\_\_\_\_ Website \_\_\_\_\_

Is this a CDS **CHAPTER** Show: YES \_\_\_\_\_ NO \_\_\_\_\_ (which chapter) \_\_\_\_\_ Chapter Chair Signature \_\_\_\_\_

Will your show be Recognized by **USEF** and **USDF**: NO \_\_\_ YES \_\_\_ (recognition number \_\_\_\_\_) OTHER Recognition \_\_\_\_\_

If your recognition numbers are not available, you must attach copies of your USEF recognition applications

Classes offered:  DRESSAGE  IN-HAND BREED  BOTH

NON-CHAPTER shows must attach a **certificate of insurance naming CDS as additional insured**, proving liability (\$1,000,000)

### Show Manager:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

CDS Member Number (required) \_\_\_\_\_

### Show Secretary:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

CDS Member Number (required) \_\_\_\_\_

Show fees: **\$40.00 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, the show may be fined, 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

1/2012



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Email \_\_\_\_\_

Phone \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State, Zip \_\_\_\_\_

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