



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

CALIFORNIA DRESSAGE SOCIETY INSURANCE COVERAGE REQUEST FORM CHAPTERS USE ONLY

Chapter Name _____

Chapter Contact _____ Phone Number _____

Mailing Address _____ Fax Number _____

City/State/Zip _____

Name of Event _____ Type of Event _____

Location of Event (full address) _____

Event Dates: Start _____ End _____

Does the facility require a certificate of insurance?

Yes _____ No _____

If yes, you must provide the complete name of the facility owner(s) and one mailing address in order to issue a certificate of insurance. Example: "John Doe dba Horse Creek Ranch", or "Jane & John Doe, Bill Sellers and Horses, Inc. dba Show Facilities International". If in doubt, check with the facility for their exact required wording. Only one certificate will be issued for the facility owner(s) naming all entities required. If any separate certificates are required, they must be shown below as "other entities".

Name and Mailing Address of FACILITY to be included as additional insured:

YOU MUST INCLUDED RECOGNITION NUMBERS

If show, is it recognized by USEF ? Yes ___ No ___ USEF # _____

If yes, certificate will be send to USEF 4047 Iron Works Parkway, Lexington, KY 40511 fax: 859-231-6662

and additional copy to USDF 4051 Iron Works Parkway, Lexington, KY 40511 fax: 859-971-7722

Do any other entities require proof of insurance? Yes ___ No ___

If yes, you must provide the complete name of the entity and their mailing address below in order to issue a certificate of insurance as well as the relationship requiring the proof of insurance (e.g., corporate sponsor, vendor from which you rented equipment, other sanctioning organization such as USDF). Vendors and corporate sponsors cannot be named additional insured but can be issued proof of insurance.

Other Certificates required & relationship:

Complete one form for each event and mail or fax to:

CDS Central Office
P.O. Box 417 (9 Del Fino Pl #202)
Carmel Valley, CA 93924
email: paula@california-dressage.org
phone: 831/659-5696 fax: 831/659-2383

AT LEAST SIX WEEKS PRIOR TO OPENING DAY OF EVENT

NO CHARGE for certificates for facility, USDF and USEF
\$10.00 per certificate to other entities or reissuance of certificates for reschedule events.

\$10.00 *additional* for each certificate that must be faxed (provide fax #)

\$20.00 *additional* for each certificate that must go overnight mail (street address must be provided)

Payments should be on CDS Chapter checks made payable to Equine Insurance and remitted with this form.

Unless otherwise indicated for certificates issued, the original will be sent directly to the certificate holder with a copy to the chapter contact and a copy to the CDS Central Office.