

**CALIFORNIA DRESSAGE SOCIETY**  
**2010 REGIONAL CHAPTER ADULT AMATEUR COMPETITION**  
**Application Form**

Application Deadline: Close of business on July 1<sup>th</sup> 2009

NOTE: This application is designed to ensure a successful event and to promote clear communication between all parties. If you need assistance please contact the CDS Central Office for clarification or help.

Name(s) of Applying Chapter(s): \_\_\_\_\_

\_\_\_\_\_

Name(s)/Phone Nos of Contact Persons and Title:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Show Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Show Secretary: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Private Party Management \_\_\_\_\_ Phone: \_\_\_\_\_

Email address of primary contact person: \_\_\_\_\_

Note: the names listed above must include the responsible person(s) who are coordinating the show i.e. chapter chair(s) or chapter(s) representatives in addition to whoever will actually manage the show. These are the people who will sign the agreements and provide supporting documentation.

Show to be held in: (circle one)      NORTH      CENTRAL      SOUTH

Name of Current Show: \_\_\_\_\_

Date(s) of Show: \_\_\_\_\_ Approvals (circle all that apply) CDS USDF USEF

If approved provide approval #s : \_\_\_\_\_ USDF \_\_\_\_\_ USEF

Facility Owners Name: \_\_\_\_\_

Name/Address of Facility with brief description: \_\_\_\_\_

An existing contract for the facility is in effect for these show dates: (circle one) YES NO  
(if YES provide a copy of the agreement).

This event:            ( ) is a stand alone Chapter Show/event  
                          ( ) will be a combined Chapter Show between 2 or more Chapters  
                          ( ) will be a combined Chapter Show with Private Management

I/We have included a simple draft budget on the form provided. (circle one) YES NO

I/We have included a simple agreement that outlines duties, responsibilities and revenue between parties for our combined event. (circle one) YES NO

Optional: you can, on a separate sheet of paper, describe how you will integrate this show with your current format (for example, do you plan on having the 10 classes on Sunday only, or on Sat/Sun. How do you see providing for warm-up classes etc.).

Signature of Chapter Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chapter Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Show Manager: \_\_\_\_\_ Date: \_\_\_\_\_