



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: **\$55.00 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.

2018

signature of show manager and/or show secretary



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: **\$55.00 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

2018