



**CSHA Region 6**  
**2nd Annual All Breed Summer Extravaganza**  
**Show Registration Form – May 20<sup>th</sup> and August 26th, 2017**  
**Santa Cruz County Fairgrounds, Watsonville, CA**

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Horse Name \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_ Circle: Stallion Gelding Mare

**Rider #1** \_\_\_\_\_

Rider 1 Address (If Different than Above) \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Owner \_\_\_\_\_ DOB \_\_\_\_\_ Email \_\_\_\_\_

**Class #'s:** \_\_\_\_\_

\_\_\_\_\_

**Rider #2** \_\_\_\_\_

Rider 2 Address (If Different than Above) \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Owner \_\_\_\_\_ DOB \_\_\_\_\_ Email \_\_\_\_\_

**Class #'s:** \_\_\_\_\_

\_\_\_\_\_

**\*\*\*\*\*Pre-Registration Is Preferred but Also Welcome on Day of Show\*\*\*\*\***

Class Fee	\$15 per class x _____	= _____
CSHA Member Class Fee	\$10 per class x _____	= _____
Arena Fee	\$10	= \$ 10
Obstacle Fee	\$10 (if exhibiting in jumping/trail classes only)	= _____
State Drug Fee	\$5	= \$ 5
<b>Other Fees:</b>		
Stall Fee	\$35 per night x _____ nights	= _____
RV Fee	\$50 per night	= _____
Dry Camping Fee	\$25 per night	= _____
Warm Up Class Fee	\$5 per class x _____	= _____
Donation		= _____

**Pre-registration is graciously encouraged and mailed without payment to:**  
 Sue Leamons, Show Office Manager, 4165 Hastings Ave, San Jose, CA 95118  
 (408-355-4339)

**Total = \_\_\_\_\_**