Little Miss & Little Ambassador Riding Test

Enter arena and Walk to A (on the rail)
At A ~ Halt and acknowledge judge
Continue at the Walk to B (on the rail)
At B ~ Jog or Trot to B (once around on the rail)
At B ~ Halt, then reverse direction
Continue at the Walk to A (on the rail)
At A ~ Jog or Trot to A (once around on the rail)
At A ~ Turn right and Walk to X (center of arena)
At X ~ Halt and Back horse 4 steps
Verbal testing by the judge
When dismissed, turn (left or right)
Walk to A
Begin Little Miss/ Ambassador Salute or wave from A to A
At A ~ Halt and acknowledge judge
Exit arena at walk ~ Good Job!
NOTE: Leadline riders will be deducted 5 points off their final riding total for being on a lead.
CSHA Little’s Riding Test Scoring

Enter Arena and walk to A on the rail. Max score: 6
At A – Halt and acknowledge the judge(s) 4
Continue at the walk to B (on the rail) 6
At B – Jog or trot to B (once around the rail) 10
At B – Halt/Stop then reverse direction 4
Continue at the walk to A (on the rail) 6
At A – Jog or trot to A (once around the rail) 10
At A – Walk and turn right, walk to X (center of arena) 10
At X – Halt/Stop and back horse 4 steps 4
Verbal testing by judge(s) 6
When dismissed, (turn left or right) walk to A 4

Begin Little Miss/Ambassador salute or wave from A to A
(On the rail-counter clockwise around the arena saluting or waving with right hand.
*Boys may tip or remove their hat) 20
At A–Halt/Stop and acknowledge the judge(s)
Exit the arena at a walk- Good Job!

Appointments: Tack (Silver not to count) 4
Appointments: Attire (Appropriate for event and equitation.) 6
Total max score 100

*NOTE: LEADLINE OR ASSISTED RIDERS WILL BE DEDUCTED 5 POINTS

Updated 1/13
C.S.H.A STATE ROYALTY Program
Official Entry Form

Name: __________________________ D.O.B: ______ Age as of 1/1/13____
Mailing Address: __________________________
City: __________ Zip: ______ County: ______
Phone: ________ Cell# _______ E-Mail
Membership Type: ______________ If club, name of club: ___________
Region: ______

Contest Entered – Include $30.00 entry fee payable to CSHA with Royalty in memo.

Little Miss CSHA (ages 7-10)  __ *Little CSHA Ambassador (boys ages 7-10) __
Jr. Miss CSHA (ages 11-13) __  Jr. CSHA Ambassador (boys ages 11-13) __
Miss CSHA (ages 14-17) __  CSHA Ambassador (boys ages 14-17) __

I agree to follow the rules of CSHA Royalty Program as set forth in the CSHA Bylaws and Rule Book and any subsequent rule changes. I understand that I am responsible for returning any perpetual awards I may win in near the same condition as I receive them. I further agree to pay for any lost or damaged perpetual awards that I was responsible for. I understand I by winning my region competition I am required to attend and compete at Show Of Champions, Royalty Competition. I understand I may be asked to help with fundraising activities at both the region and the state levels to help pay for the administration of the CSHA Royalty Program.

If a contestant moves, quits, or fails to show up for the State Competition, the $30.00 entry fee will automatically be forfeited to the CSHA Royalty Program to offset the cost of program expenses. This fee will be refunded at the direction of the Royalty Chairperson with a valid doctor’s or Veterinarian’s certificate that states the contestant or horse is unable to compete due to health reasons.

As a contestant in the CSHA Royalty Program, I do hereby state I have read, understand and agree with the above paragraphs.

<table>
<thead>
<tr>
<th>Contestant Printed Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
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</table>

I, the legal guardian/parent of the above named minor, do also agree with the preceding paragraphs. I also agree to insure my child is properly chaperoned during the Royalty Competition and at any events my guardian/child may be invited to attend as a member of the CSHA Royalty Program.

As the parent/guardian of the above minor, I also state that I have read, understood and agree with the preceding paragraphs.

Parent/Guardian’s Signature: __________________________ Date ______________

Printed Name: __________________________

*Little’s are not required to attend the State Finals competition if they or their parents choose not to. Please see CSHA Rulebook.

Please Mail form and $30.00 check/m.o. payable to CSHA (royalty in the memo) Please return by: 9/20/12
Mail to:
Suzan Cunningham
State Royalty Chairwoman
7370 Northland Rd. 95336
(209)629-2696
Suzan Lal_cunningham@comcast.net