



State Championship Show NON COMPETITOR Camping Form



Name _____ Region _____

Mailing Address _____

City _____ Zip _____

Phone (____) _____ Home Cell Fax Email _____

Phone (____) _____ Home Cell Fax

If you will be assisting at the show, please indicate the program(s):

Administration

Gymkhana

State Patrol

Spectator

If you are attending to support a family member or friend please provide the name of the competitor, and the program they will be competing in.

Competitor _____

Program _____

Non Competitors Camping form

Name _____

CAMPING FEES (reservation list will be posted online)

Per sleeping unit (RV, camper, tent, horse trailer, car, truck, etc.) **NOT per campsite**

No Hook ups	_____ # units X \$20.00 X _____ nights =	Camping Fee (1) \$ _____
Partial Hookup	_____ # units X \$35.00 X _____ nights =	Camping Fee (2) \$ _____
Full Hookup	_____ # units X \$45.00 X _____ nights =	Camping Fee (3) \$ _____

TOTAL DUE \$ _____
(Total of 1+2+3)

Paid by: _____ Check # _____ Money Order _____ Amt. Paid \$ _____

Send one check/money order for total due. Make check/money order payable and mail to:
CSHA , P. O. Box 30864, Stockton, CA 95213

Postmark Deadline Date
September 25th

PAYMENT IN FULL MUST BE ATTACHED

Please obtain and read a copy of the Guidelines prior to your arrival

By submitting this registration form I/we acknowledge that I/we have read and understand all of the SCS rules. Under penalty of expulsion from grounds I/we agree to abide by and conform to those rules. I/we further understand any act committed by a family member, a friend, and/or a guest shall be deemed to have been committed by me. I further understand if this provision has to be evoked there will be no refund.