

STATE CHAMPIONSHIP SHOW REFUND REQUEST

Name _____

Address _____ Phone (____) _____ Cell Home

City _____ Zip _____

Reason For Refund

- ____ 1. Changed To "Open" Division
____ 2. Horse unable to compete
____ 3. Rider unable to compete
____ 4. Miscalculation On Entry
____ 7. Other _____

Calculation Of Refund

Entry Fee # Of Events ____ X \$ ____ Per Event = \$ _____

Jackpot = \$ _____

Stall Fee # of Stalls ____ X \$ ____ Fee = \$ _____

Pen Fee : # of horses in pen ____ X \$ ____ Fee = \$ _____

Camping Fee :# Spaces ____ X \$ ____ X ____ # of nights = \$ _____

Stall or Pen Deposit = \$ _____

Other : _____ = \$ _____

Total Refund = \$ _____

Explanation _____

Signature _____ Date _____

Refund Request must be submitted/postmarked no later than October 20th

Mail form to: SCS, P. O. Box 30864, Stockton, CA 95213
Fax: (888) 249-8823 email: LQEQ@att.net

Office Use Only

Date Check Issued ____/____/____ Amount Refunded \$ _____

Check # _____