

SHOW OF CHAMPIONS REFUND REQUEST

Name _____ Program _____
Address _____ Phone (____) _____
City _____ Zip _____

Reason For Refund

- ____ 1. Changed To "Open" Division (Gymkhana Only)
____ 2. Horse unable to compete
____ 3. Rider unable to compete
____ 4. Miscalculation On Entry
____ 5. Stall Deposit
____ 6. Unable to attend show – notice given prior to show start date
____ 7. Other _____

Calculation Of Refund

Entry Fee : # Of Events ____ X \$ ____ Per Event = \$ ____
Drug Fee = \$ ____
Stabling Fee :# Of Stalls/Pens ____ X \$ ____ Fee = \$ ____
Camping Fee :# Spaces ____ X \$ ____ X ____ # of nights = \$ ____
Stall or Pen Deposit = \$ ____
Other : _____ = \$ ____
Total Refund = \$ ____

Explanation _____

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

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

Office Use Only

Date Check Issued ____/____/____ Amount Refunded \$_____
Check # _____ Program : E/W ____ Gymkhana ____ HMS ____ Royalty ____
Charged to Program \$____ Amount Charged to SOC \$_____