

SHOW OF CHAMPIONS REFUND REQUEST

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

Reason For Refund

- _____ 1. Did Not Place In Top 10. Withdrew From Competition
- _____ 2. Did Not Place In Top 10. Changed To "Open" Division (Gymkhana Only)
- _____ 3. Horse Injured / Unable To Compete (vet certificate required)
- _____ 4. Rider Injured / Unable To Compete (doctor certificate required)
- _____ 5. Sponsorships & Program Advertising/Vendors rebate
- _____ 6. Miscalculation On Entry
- _____ 7. Stall Deposit
- _____ 8. Unable to attend show – notice given prior to show start date
- _____ 9. 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 = \$ _____
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 \$ _____