CALIFORNIA STATE HORSEMEN'S ASSOCIATION
DEPOSIT / INCOME REPORTING FORM

REGION____ Date:_____

PROGRAM: STATE ENGLISH WESTERN

Event/Fundraiser/Donation: PROGRAM MEMBERSHIP FEES Date of Event:_____

Check#	(List Names of Program Registrant) Received From	(State EW Fee $25) Amount

# of Checks _____ Total Deposit $_____

GL Accounts	Amounts	GL Accounts	Amounts
Program Membership			

Total $_____

Please enclose adding machine tape if multiple checks. If you do not include an adding machine tape, please list the check numbers & $ amount next to it.
Total Deposit must equal Total of GL Account Amounts.
DO NOT SEND CASH– If cash is collected-you must send in a Region check, money order or cashier's check.

Mail to CSHA, 1330 W. Robinhood Dr. Suite D, Stockton, CA 95207

Rev 01/18