



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)	(State EW Fee \$25)
	Received From	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

of Checks _____ Total Deposit \$ _____

<u>GL Accounts</u>	<u>Amounts</u>	<u>GL Accounts</u>	<u>Amounts</u>
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