



California State Horsemen's Association, Incorporated English Western Program

Region State Championship Show Intent to Participate for Show Year _____

Region # _____ is submitting \$25/Category with intent to send competitors to the SCS as follows:

An intent fee of \$25.00 per category is to be submitted by each Region wishing to send riders/handlers to the state championship show. The fee must be hand delivered or postmarked no later than July 1st. The fee must be submitted with the intent fee form provided by the State chair.
 Any Region not meeting the rule 6.8.1 deadline may still qualify their riders/handlers by submitting an amount equal to twice the intent fee per category. The fee plus the penalty must be hand delivered or postmarked between July 2nd and July 15th. The fee must be submitted with the intent fee form provided by the State chair.
 Riders/handlers from any Region that does not submit the fees by the rule 6.8.2 deadline will not be allowed to compete at the state championship show.

[] Halter [] English [] Western [] Reining [] Ranch Horse # of Categories _____ X \$25 = \$ _____

Please complete the following tables to show program participation counts and assist in planning the SCS.

Category	Division	# Participants	Category	Division	# Participants
English	Leadline 6 & Under		Western	35 & Over	
English	10 & Under W/T		Western	Open	
English	13 & Under		Halter	Junior Horse	
English	14 thru 17		Halter	Senior Horse	
English	18 - 34		Halter	Open	
English	35 & Over		Reining	17 & Under	
English	Open		Reining	18 & Over	
Western	Leadline 6 & Under		Reining	Open	
Western	10 & Under W/J		Ranch Horse	17 & Under	
Western	13 & Under		Ranch Horse	18 & Over	
Western	14 thru 17		Ranch Horse	Open	
Western	18 - 34				

Use the following table to indicate participation in categories or divisions not currently offered at the SCS to assist us in determining if additional categories or divisions may be warranted.

DO NOT INCLUDE THIS INFORMATION IN CALCULATING THE INTENT FEE.

Category	Division	# Participants	Category	Division	# Participants

(Send this form with the Total Intent Fee to State EW Program 1512 Plymouth Ln Antioch, CA 94509 by July 1)

For Office Use Only

OFFICE: Received: _____ Check # _____ Amount _____ G/L Acct: _____

State Chair Notified: _____