



**CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INCORPORATED**

**English Western Program Request for Show Sanctioning**

Mail completed form with \$25 fee to: CSHA English Western Program, 1512 Plymouth Ln, Antioch, CA 94509

Call (925) 754-4141 or Email: [cshaenglishwestern@gmail.com](mailto:cshaenglishwestern@gmail.com) for information

Please Print

Name of Show: \_\_\_\_\_

Location Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Show Sponsor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Show Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CATEGORIES REQUESTED (circle)**

**Halter Showmanship English/Flat English/Fences Western Trail Reining Ranch Horse**

Show Date                      Alternate Date                      Judge's Name                      License Issued By                      Single/Double Points

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Use other side for additional dates)

- Copy of Show Premium is attached or
- Electronic copy of Show Premium has been emailed to [cshaenglishwestern@gmail.com](mailto:cshaenglishwestern@gmail.com)

**Total Fee Due: \$25.00**  
(MAKE CHECK PAYABLE TO CSHA E/W Program)

*We hereby submit our application for show approval(s) and agree to abide by all CSHA rules regarding the CSHA English Western program. We further agree to hold harmless the California State Horsemen's Association (CSHA) from any claims of liability by any CSHA member(s) who may be participating in our show(s).*

Signature of Club President or Show Manager: \_\_\_\_\_

Printed Name of Above: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit your class list for each show being requested for approval along with this application. We are not responsible for any delays in approval caused by an incomplete application, to include missing information, non-payment of fee or failure to submit a class list.*

*Office Use Only*

Approval by: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ G/L Account: \_\_\_\_\_