



California State Horsemen's Association, Inc.

Obstacle Challenges

*State Rider Fee Remittance Form*

This form must be completed and sent with one check for the total fees from your ride within 30 days. Collect a \$3.00 Obstacle Challenge State Rider Fee on your entry form from every **competing rider\***.

Ride Date:	
Region:	
Event Manager Name:	

Total Number of Competing Riders\* \_\_\_\_\_ x \$3.00 = \$\_\_\_\_\_ Submitted

Check # \_\_\_\_\_ Dated \_\_\_\_\_ Check Payable to : CSHA Obstacle Challenges

Mail To: Gail Bloxham, Obstacle Challenge Sanctioning Chair  
18550 Evergreen Rd.  
Cottonwood, CA. 96022

**\*Competing Rider defined:** A rider, no matter which age category or division, who is riding for placing and/or day awards in your Obstacle Challenge whether they are a CSHA member or not. This number must match your Official Ride Results Form.