

# CDS SHOW REPORT COVER SHEET

SHOW NAME \_\_\_\_\_

SHOW DATE \_\_\_\_\_

JUDGE \_\_\_\_\_

LOCATION (TOWN) \_\_\_\_\_

SHOW SECRETARY \_\_\_\_\_ PHONE \_\_\_\_\_  
CDS# \_\_\_\_\_

SHOW MANAGER \_\_\_\_\_ PHONE \_\_\_\_\_  
CDS# \_\_\_\_\_

TECHNICAL DELEGATE \_\_\_\_\_

EMT \_\_\_\_\_ PHONE \_\_\_\_\_

**CDS HIGH SCORE PONY** \_\_\_\_\_

rider / pony / class #/ score

Pony must have USEF measurement card, temporary or permanent.

Please **include** copy of measurement card with results

FEES:

COMPETITION GRANT FUND \$ \_\_\_\_\_

(\$2.00 required from each entry. 1 horse equals 1 entry.)

NUMBER OF HORSES IN THE SHOW \_\_\_\_\_

NON-MEMBER FEE AMOUNT \$ \_\_\_\_\_

(\$10.00 required for each non-member, RIDER AND OWNER)

Show reports **MUST** include **BY CLASS** on one page:

All classes and all rides, scratches and no-shows

HORSE

RIDER (full name)

RIDER CDS number

OWNER (no business or barn names)

OWNER CDS number

RAW SCORE

PERCENTAGE to three decimals

PLACE

Scores will not count  
unless the  
Rider **AND** the Owner  
are CDS Members

SEND TO  
CDS CENTRAL OFFICE  
P O BOX 417  
9 DEL FINO PL #202  
CARMEL VALLEY, CA 93924