

**CALIFORNIA DRESSAGE SOCIETY  
2018 REGIONAL ADULT AMATEUR COMPETITION  
Application Form**

Application Deadline: Close of business on July 31st 2017

NOTE: This application is designed to ensure a successful event and to promote clear communication between all parties. If you need assistance please contact the CDS Central Office for clarification or help.

Name(s) of Applying Chapter(s): \_\_\_\_\_  
\_\_\_\_\_

Name(s)/Phone No of Contact Persons and Title:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Show Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Show Secretary: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Private Party Management \_\_\_\_\_ Phone: \_\_\_\_\_

Email address of primary contact person: \_\_\_\_\_

Note: the names listed above must include the responsible person(s) who are coordinating the show i.e. chapter chair(s) or chapter(s) representatives in addition to whoever will actually manage the show. These are the people who will sign the agreements and provide supporting documentation.

Show to be held in: (circle one)      NORTH      CENTRAL      SOUTH

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

Date(s) of Show: \_\_\_\_\_ Approvals (circle all that apply) CDS USDF USEF

If approved provide approval #s : \_\_\_\_\_ USDF \_\_\_\_\_ USEF

Facility Owners Name: \_\_\_\_\_

Name/Address of Facility with brief description: \_\_\_\_\_

An existing contract for the facility is in effect for these show dates: (circle one) YES NO  
(if YES provide a copy of the agreement).

This event:            ( ) is a stand alone Chapter Show/event  
                          ( ) will be a combined Chapter Show between 2 or more Chapters  
                          ( ) will be a combined Chapter Show with Private Management

I/We have included a simple draft budget on the form provided. (circle one) YES NO

I/We have included a simple agreement that outlines duties, responsibilities and revenue between parties for our combined event. (circle one) YES NO

Optional: you can, on a separate sheet of paper, describe how you will integrate this show with your current format (for example, do you plan on having the 10 classes on Sunday only, or on Sat/Sun. How do you see providing for warm-up classes etc.).

Signature of Chapter Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chapter Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Show Manager: \_\_\_\_\_ Date: \_\_\_\_\_

REGIONAL CDS CHAPTER  
 ADULT AMATEUR COMPETITION Sample Budget

REVENUE:

Entry fees –		
Association fees		_____
Class entry fees		_____
Late fees		_____
Office fees		_____
Refunds		(_____)
Stabling		_____
Program sales		_____
Advertisers/Sponsors		_____
Vendor fees/camping fees		_____
CDS provided registration fees*	\$500	
TOTAL INCOME		_____

EXPENSES:

Association fees		_____
Awards		_____
Advertising		_____
Decorations		_____
Equipment rental		_____
Facility costs		_____
Hospitality		_____
Hotel, officials		_____
Officials costs		_____
Announcer fees		_____
EMT		_____
Farriers		_____
Judges		_____
Judges travel/meals		_____
TD fees		_____
TD travel/meals		_____
Vet services		_____
Office supplies		_____
Management Services		_____
Postage		_____
Printing (prize list/program)		_____
Prize Money		_____
Stall rentals		_____
Volunteer expenses		_____
TOTAL EXPENSES		_____
NET INCOME (LOSS)		_____
• Funds to be provided by CDS Board		