

CSHA Region \_\_\_\_\_

**Gymkhana Show Approval Request**

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

Show Secretary \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Location of show \_\_\_\_\_

Is the show sponsor a CSHA member? \_\_\_\_\_

Approval is requested for: Point Show \_\_\_\_\_ Rating Show \_\_\_\_\_

Show date requested \_\_\_\_\_ Alternate date \_\_\_\_\_ Rain date \_\_\_\_\_

Judge \_\_\_\_\_ CSHA licensed? \_\_\_\_\_

Show Events:

- |             |                                |
|-------------|--------------------------------|
| 1. Big T    | 2. Cloverleaf Barrel – Table 1 |
| 3. Birangle | 4. Skill Barrels               |
| 5. _____    | 6. _____                       |
| 7. _____    | 8. _____                       |

Will proceeds from this show benefit the State Gymkhana Program? \_\_\_\_\_

State Gymkhana fee to be charged of no less than \$2.00 Region set \$\_\_\_\_\_.00 per combination

**The show secretary is to submit a copy of the show's time sheets to the Region Gymkhana Chairman and the State Rating Secretary.**

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**Region Approval**

Date form received \_\_\_\_\_ Approved yes \_\_\_\_ no \_\_\_\_

Date form returned to Show Secretary \_\_\_\_\_ Date form sent to Rating Secretary \_\_\_\_\_

**State Rating Fees**

**Make check payable to: CSHA Gymkhana**

**Mail to State Rating Secretary**

**Linda Quattlebaum**

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209-464-6296

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