

GSVRHA Horse Show Fees Report

Please complete this form and submit with payment to GSVRHA

Show Name: _____ Date: _____

Contact: _____

Phone # _____

Total # of clinic entries _____

Total # of show entries _____ **x \$35** GS/WS fee per rider = \$ _____
(Include All around & individual class entries)

New membership Received (attach list of names/membership forms & checks): \$ _____

Check payable to: GSVRHA

Mail Check:
GSVRHA
c/o Kelly Saunders
4 W. Gabilan Street
Salinas, CA 93901