



California State Horsemen's Association, Incorporated
English Western Program
Region Intent to Participate at the State Championship Show

Region # _____

Show Year _____

An intent fee of \$25.00 per category is to be submitted by each Region wishing to send riders/handlers to the state championship show. The fee must be hand delivered or postmarked no later than August 1st. The fee must be submitted with the intent fee form provided by the State chair.

Any Region not meeting the rule 6.8.1 deadline may still qualify their riders/handlers by submitting the intent fee by September 1st. Intent fees paid after the August 1st deadline will be charged an additional 50% of the total submission as a late penalty and must be hand delivered or postmarked by September 1st. The fee must be submitted with the intent fee form provided by the State chair.

Riders/handlers from any Region that does not submit the fees by the rule 6.8.2 deadline will not be allowed to compete at the state championship show.

Halter English Western Reining Ranch Horse # of Categories _____ x \$25 = \$ _____

Penalty Fee if submitted after August 1st deadline: 50% x the amount above = \$ _____

Total Fees Submitted: \$ _____

Please complete the following tables to show program participation counts and assist in planning the SCS.

Category	Division	#	Category	Division	#	Category	Division	#
English	Leadline 6 & Under		Western	Leadline 6 & Under		Ranch	10 & Under W/T	
English	10 & Under W/T		Western	10 & Under W/J		Ranch	17 & Under	
English	13 & Under		Western	13 & Under		Ranch	18 & Over	
English	14 thru 17		Western	14 thru 17		Ranch	Open	
English	18 - 34		Western	18 - 34				
English	35 & Over		Western	35 & Over				
English	Open		Western	Open				
Halter	Junior Horse		Reining	17 & Under				
Halter	Senior Horse		Reining	18 & Over				
Halter	Open		Reining	Open				

Use the following table to indicate participation in categories or divisions not currently offered at the SCS to assist us in determining if additional categories or divisions may be warranted.

DO NOT INCLUDE THIS INFORMATION IN CALCULATING THE INTENT FEE.

Category	Division	# Participants	Category	Division	# Participants

(Send this form with the Total Intent Fee to State EW Program 1512 Plymouth Ln Antioch, CA 94509 by August 1st)

For Office Use Only

Received: _____ Check # _____ Amount: _____ G/L Acct: _____ State Chair Notified: _____