



California State Horsemen's Association, Inc.

Obstacle Challenges

State Rider Fee Remittance Form

This form must be completed and sent with one check for the total fees from your ride within 10 days. Collect a \$3.00 Obstacle Challenge State Rider Fee on your entry form from every **competing rider***.

Ride Date:	
Region:	
Event Manager Name:	

Total Number of Competing Riders* _____ x \$3.00 = \$_____ Submitted

Check # _____ Dated _____ Check Payable to : CSHA Obstacle Challenges

Mail To: Vicki Nims, CSHA State Obstacle Challenge Chairperson

P.O. Box 896

Cottonwood, CA. 96022

***Competing Rider defined:** A rider, no matter which age category or division, who is riding for placing and/or day awards in your Obstacle Challenge whether they are a CSHA member or not. This number must match your Official Ride Results Form.