

2018
REQUEST FOR TRAIL TRIALS EVENT SANCTION



TODAY'S DATE: _____

EVENT SPONSOR: _____

If applicable, CSHA membership type: Individual____ Club____ Region____

DATE OF EVENT:_____ RAIN DATE:_____

NAME OF EVENT FOR WEBSITE:_____

RIDE MANAGER:

Name:_____ Club_____

Address:_____

Phone:_____ email_____

“A Trail Trials consists of a ride with approximately 10-12 judged natural obstacles that appear along a trail of several miles in parks or private property. This is not an arena event!”

This information must be on your entry form:

Number of Miles:_____

Number of obstacles: _____

Address of event (Include directions):_____

Senior Judge:_____

CA Dept of Ag, Equine Medical Monitoring Program Event Number _____

Contact your Region Chairman for the sanction fee required in your Region. See www.TrailTrials.com for contact information. The State sanction fee is \$25.00 per event. To request sanctioning of an event, the Region Chairman must submit the appropriate sanction forms and fees to the State sanctioning person. State benefit Trail Trials must also be sanctioned but do not require a fee. Incomplete forms will be returned. Name of Insurance Provider for this Event:_____

Submit information, entry forms, directions, Release of Liability forms digitally to be posted on the calendar to jigger1981@aol.com

Name and address of Region Chairman:

State Trail Trials Sanctioning Chairman:

**Diane Medlock
41929 County Road 27
Woodland, CA 95776**

State Sanction Office Use Only

Date Received:_____ Check #_____ Amount:_____

Approved by Region Chair:_____ (UPDATED 12-12-17)