

WSVRHA SHOW MANAGER HANDBOOK ADDENDUM



HORSE SHOW FEES REPORT

Please complete this form within ___ days of conclusion of show and submit with payment to WSVRHA.

Show Name: _____ Date: _____

Contact Name: _____

Email: _____ Phone: _____

Number of clinic riders: _____

Number of show riders:* _____ *Include all All-Around & individual class entries

Subtotal rider count: _____

GS/WS fee per rider: _____

Total Show Fees: _____

New memberships received:* _____ *Attach list of names/membership forms and checks

Total enclosed: _____