



California Gymkhana Association

Phone 209-665-7977 Fax 209-665-7978

PO Box 2187, Manteca, CA 95336

Visit our website at www.calgymkhana.com or Email cgastate@aol.com

Petition for CGA Sanction

Date _____

Requested District # _____

Criteria:

A. Five (5) Seniors who will work at shows as Secretaries, Announcers, Gate Persons, etc.

1. Name: _____ Address: _____
(Please print clearly)

City: _____ Zip: _____ Phone: _____

Signature: _____

2. Name: _____ Address: _____
(Please print clearly)

City: _____ Zip: _____ Phone: _____

Signature: _____

3. Name: _____ Address: _____
(Please print clearly)

City: _____ Zip: _____ Phone: _____

Signature: _____

4. Name: _____ Address: _____
(Please print clearly)

City: _____ Zip: _____ Phone: _____

Signature: _____

5. Name: _____ Address: _____
(Please print clearly)

City: _____ Zip: _____ Phone: _____

Signature: _____

B. A sponsoring district who will agree to financially cover shortages for insurance costs in the event the new district falls short of riders to cover insurance costs. You can also make a deposit of \$600.00 for a probationary period of one year to cover insurance fees. This will be refunded to the district after the probationary period if insurance costs are met.

It is the new districts responsibility to obtain a sponsoring district who will agree to the above mentioned criteria.

CGA Sponsoring District:

District Name/Number: _____

District President:

Name: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Signature: _____

District Vice President:

Name: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Signature: _____

District Secretary:

Name: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Signature: _____

District Treasurer:

Name: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Signature: _____

C. Three (3) CGA Carded Judges who will attend Shows Regularly.

1. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
2. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____

D. Minimum of twenty (20) rider's signatures who are or will become CGA members and support CGA shows at the new District.

1. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
2. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
3. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
4. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____

5. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
6. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
7. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
8. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
9. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
10. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
11. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
12. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____

13. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
14. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
15. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
16. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
17. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
18. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
19. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
20. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____