

## CGA Sanctioned District Contract

As a sanctioned CGA District you must meet the following requirements to remain a District in good standing. Failure to meet these requirements will result in a loss of your district sanction.

### **Loss of sanction includes:**

- 1. Loss of arena Insurance.**
- 2. Show cancellation.**
- 3. Possible removal of District from CGA.**

- You agree to run a minimum of 7 shows per season with a minimum of 6 events per show and you must run all 13 events a minimum of 4 times each during the show season.
- You will report all rides to the State Office within 14 days pf holding a show.
- You will send a District Delegate to the two Board of Directors meetings each year. The two meetings held at are Convention and State Show. The Delegate must be declared by the district President in writing before each Board of Directors meeting, per Article 5 of the CGA Bylaws.
- You will uphold the Rules, Regulations, Board of Directors Policy and Board of Governors Procedures, as state in the Official CGA Rule Book, Information Manual, Policy Manual and Procedure Manual.
- You will supply an arena crew, booth crew and judges for the running of the State Show as requested by the State Show Management and an Award fee of \$100.00.
- You will act as a sponsoring District and Assist new Districts in your area as requested by the State Office.

The State Office will assist you in every way possible to be a successful CGA District. CGA is a volunteer organization and depends upon its members to succeed.

CGA District # \_\_\_\_\_ Agrees to the above conditions

(District or Club name)

President: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*ALL Signatures required above\*\***

Please fill out the attached District Personnel Information sheet and return one **signed** copy of this form annually.

CGA State Office: P.O. Box 410  
Wilton, CA 95693

CGAState@AOL.com

District Personnel Information

Date: \_\_\_\_\_

District #: \_\_\_\_\_ District Name: \_\_\_\_\_

Please fill out completely (print or type), with the most recent information you have and return to the CGA State Office: PO Box 580 Watsonville CA 95076.

Indicate which person (only one person) will be receiving mail and information from the State Office. State Office will mail you all show forms and information to the District Secretary unless otherwise instruct on this form.

DISTRICT DELEGATE: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

PRESIDENT: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

VICE PRESIDENT: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

TREASURER: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

ALL MAIL: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Show Dates for 2021-2022

-Please provide all show dates for the season here.

-Please inform the State office immediately of any changes to arena location, date change or cancellation as soon as possible at CGAState@aol.com.

-Please give a minimum of two weeks notice to add any show dates to your schedule to allow time for insurance coverage.

August 2021 – Date(s): \_\_\_\_\_ Arena Name: \_\_\_\_\_

September 2021 – Date(s): \_\_\_\_\_ Arena Name: \_\_\_\_\_

October 2021 – Date(s): \_\_\_\_\_ Arena Name: \_\_\_\_\_

November 2021 – Date(s): \_\_\_\_\_ Arena Name: \_\_\_\_\_

December 2021 – Date(s): \_\_\_\_\_ Arena Name: \_\_\_\_\_

January 2022 – Date(s): \_\_\_\_\_ Arena Name: \_\_\_\_\_

February 2022 – Date(s): \_\_\_\_\_ Arena Name: \_\_\_\_\_

March 2022 – Date(s): \_\_\_\_\_ Arena Name: \_\_\_\_\_

April 2022 – Date(s): \_\_\_\_\_ Arena Name: \_\_\_\_\_

May 2022 – Date(s): \_\_\_\_\_ Arena Name: \_\_\_\_\_

June 2022 – Date(s): \_\_\_\_\_ Arena Name: \_\_\_\_\_

July 2022 – Date(s): \_\_\_\_\_ Arena Name: \_\_\_\_\_

## Arena Information

Please provide us with the current information for all arenas your club uses

Arena Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you ride at multiple arenas, please list all additional arenas below.

Arena Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Arena Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_