



# California Gymkhana Association

Phone 916-244-6074

PO Box 410, Wilton, CA 95693

Visit our website at [www.calgymkhana.com](http://www.calgymkhana.com) or Email [cgastate@aol.com](mailto:cgastate@aol.com)

## Petition for CGA Sanction

Requested District # \_\_\_\_\_

Date \_\_\_\_\_

### 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: \_\_\_\_\_