



California Gymkhana Association

PO Box 410, Wilton, CA 95963 ♦ (916) 698-1866

Petition for New CGA District

Date: _____

Requested District Number: _____

Criteria:

A. Five (5) Seniors who will work at shows as Secretaries, Announcers, Gate Persons, etc.
Please print clearly and legibly.

1. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

2. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

3. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

4. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

5. Name: _____ Address: _____
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 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 Information: Please print clearly and legibly.

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. ***Please print clearly and legibly.***

1. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

2. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

3. Name: _____ Address: _____
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. ***Please print clearly and legibly.***

1. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

2. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

3. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

4. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

5. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

6. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

7. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

8. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

9. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

10. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

11. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

12. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

13. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

14. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

15. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

16. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

17. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

18. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

19. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

20. Name: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____

Once completed, send to: **CGA State Office**
PO Box 410
Wilton, CA 95693