

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 may 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. Your shows should have an average rider count of 25 riders per show. If the rider average or show number is not met, you may be asked to send a check to cover the insurance cost associated with the rider/show shortfall.
- You will report all rides to the State Office within 14 days of holding a show.
- You will send a District Delegate to the two Board of Directors meetings each year. The two meetings are typically held at 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. **Failure to supply a crew will result in a fine of \$350 to your district.** You also agree to send 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 below District Personnel Information sheet completely, using the most recent information and return along with district contract to:

CGA State Office: PO Box 410, Wilton, CA 95693

CGAState@AOL.com

District Personnel Information

Date: _____ District #: _____ District Name: _____

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 Current Season

-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 *make every effort to give a minimum of two weeks' notice* to add any show dates to your schedule to allow time for insurance coverage.

August– Date(s): _____ Arena Name: _____

September – Date(s): _____ Arena Name: _____

October – Date(s): _____ Arena Name: _____

November – Date(s): _____ Arena Name: _____

December – Date(s): _____ Arena Name: _____

January – Date(s): _____ Arena Name: _____

February – Date(s): _____ Arena Name: _____

March – Date(s): _____ Arena Name: _____

April – Date(s): _____ Arena Name: _____

May – Date(s): _____ Arena Name: _____

June – Date(s): _____ Arena Name: _____

July – Date(s): _____ Arena Name: _____

Arena Information

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

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: _____