

# CGA State Show 2026

## Mount Change

Rider: \_\_\_\_\_

CGA Number: \_\_\_\_\_

Original Mount Name: \_\_\_\_\_

New Mount Name: \_\_\_\_\_

Signature of participant or parent/legal guardian if under 18 years of age:

X: \_\_\_\_\_

**\*\* REFUNDS MAY REQUIRE A LETTER FROM MEDICAL  
DOCTOR OR VETERINARIAN\*\***