



FINANCIAL SHOW RESULTS FORM

Mail completed form w/check to: DASC Competitions/Calendar Committee - PO Box 1160, Moorpark, CA 93020

NAME OF SHOW: _____

DATE(S): _____ SHOW No.: _____

LOCATION: _____
Address/City/State/Zip

JUDGES: _____

RECOGNIZED BY: USEF **No:** _____ USDF _____ CDS _____ OTHR _____

COMPETITION MANAGEMENT & DASC #: _____
Person or persons financially responsible for show's profit or loss

SHOW SECRETARY & DASC # _____

DAY PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

DASC Membership Applications/Renewals (forms enclosed):

Number of Adult Am Memberships _____

Number of Junior Memberships _____

Number of Open Memberships _____

Number of Horse Registrations _____

RESULTS E-MAILED TO dascnet@gmail.com (in dat or xls format) on _____

FEES DUE:

NON-MEMBER FEES: # Non-Members _____ X \$5.00 each = \$ _____

CHAMPIONSHIP SHOW FEES: # Horses (Total) _____ X \$1.00 each = \$ _____

MEMBERSHIP FEES: \$ _____

HORSE REGISTRATION FEES: \$ _____

TOTAL ENCLOSED: \$ _____

SIGNATURE: _____ DATE: _____

PAYMENT BY VISA MASTERCARD

NAME ON CARD: _____

CARD NUMBER _____

CARD EXPIRATION: _____

BILLING ADDRESS AND ZIP CODE _____

NAME ON CARD TYPED AGAIN _____

(type as above, this is your electronic signature verification)