

## 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 will 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. The show season begins on the day after State Show and ends on the last day of State Show.
- You will report all rides to the State Office within 7 days of holding a show.
- You will send a District Delegate to the three Board of Directors meetings each year. The three Board meetings are: Convention, Feb. or March and at 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 and Regulations of CGA as stated in the official rule book and information 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.
- 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 attached District Personnel Information sheet and return one **signed** copy of this form annually to:  
**CGA State Office, P.O. Box 1746 Gilroy, CA 95021**

Keep one copy for your club or district records.

**DISTRICT PERSONNEL INFORMATION**

DATE \_\_\_\_\_

DISTRICT # \_\_\_\_\_ DISTRICT NAME \_\_\_\_\_

Please fill out completely (print or type), with the most recent information you have and return to the CGA State Office:  
PO Box 1746, Gilroy, CA 95021.

Indicate which person (only one person please) will be receiving mail and information from the State Office. State Office will mail all show forms and information to the District Secretary unless otherwise instructed on this form.

DISTRICT DELEGATE \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
to CGA Baord of Directors

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

PRESIDENT: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

VICE PRESIDENT: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

TREASURER: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

SECRETARY: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

ALLMAIL: \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**DISTRICT SCRIBE:**

(Name) \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_

**SHOW DATES:**

(Name) \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_