



California Gymkhana Association

Phone 831-623-9026 Fax 831-623-9027

PO Box 1746, Gilroy, CA 95021

Visit our website at www.calgymkhana.com or Email cgastate@aol.com

Petition for CGA Sanction

Date _____

Requested District # _____

Criteria:

A. Five (5) Seniors who will work at shows as Secretaries, Announcers, Gate Persons, etc.

1. Name: _____ Address: _____
(Please print clearly)

City: _____ Zip: _____ Phone: _____

Signature: _____

2. Name: _____ Address: _____
(Please print clearly)

City: _____ Zip: _____ Phone: _____

Signature: _____

3. Name: _____ Address: _____
(Please print clearly)

City: _____ Zip: _____ Phone: _____

Signature: _____

4. Name: _____ Address: _____
(Please print clearly)

City: _____ Zip: _____ Phone: _____

Signature: _____

5. Name: _____ Address: _____
(Please print clearly)

City: _____ Zip: _____ Phone: _____

Signature: _____

B. Two (2) Seniors who will become CGA Judges.

1. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
2. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____

C. Minimum of twenty (20) rider's signatures who are or will become CGA members and support CGA shows at the new District.

1. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
2. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
3. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
4. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____

5. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
6. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
7. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
8. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
9. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
10. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
11. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
12. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____

13. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
14. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
15. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
16. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
17. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
18. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
19. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____
20. Name: _____ Address: _____
(Please print clearly)
City: _____ Zip: _____ Phone: _____
Signature: _____