

CDS Quadrille Team Registration Form

Annual registration fee is \$15.00 per team



Team Name : _____

Team Captain: _____

Address : _____

City, State and Zip : _____

Phone : _____

E-Mail : _____

See attached list for Rider and Horse Information

Please make checks payable to: CDS

Mail to:

California Dressage Society

P.O. Box 417

Carmel Valley, CA 93924

For Questions and Information: (831) 659-5696

CDS Quadrille Team Information

HORSE NAME	
1	Name: Breed: Sex: Color: Ht: Year Born:

NAME OF RIDER	
1	Name: Address: City: State: Zip: Phone: Email: Citizenship: CDS #:

NAME OF OWNER	
1	Name: Address: City: State: Zip: Phone: Email:

2	Name: Breed: Sex: Color: Ht: Year Born:

2	Name: Address: City: State: Zip: Phone: Email: Citizenship: US CDS #:

2	Name: Address: City: State: Zip: Phone: Email:

3	Name: Breed: Sex: Color: Ht: Year Born:

3	Name: Address: City: State: Zip: Phone: Email: Citizenship: US CDS #:

3	Name: Address: City: State: Zip: Phone: Email:

4	Name: Breed: Sex: Color: Ht: Year Born:

4	Name: Address: City: State: Zip: Phone: Email: Citizenship: US CDS #:

4	Name: Address: City: State: Zip: Phone: Email:

CDS Quadrille Team Information

HORSE NAME	
5	Name: Breed: Sex: Color: Ht: Year Born:

NAME OF RIDER	
5	Name: Address: City: State: Zip: Phone: Fax: Email: Citizenship: CDS #:

NAME OF OWNER	
5	Name: Address: City: State: Zip: Phone: Fax: Email:

6	Name: Breed: Sex: Color: Ht: Year Born:

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