

Canadian Scent Hurdle Racing Association

Application for Independent Tournament

Tournament Name (if any): _____

Hosting Club/Team: _____

Tournament Date(s) : _____ Venue: _____

Address of Venue: _____

Circle: 3 JUMPS or 4 JUMPS INSIDE or OUTDOORS

Circle: SINGLE OR DOUBLE TOURNAMENT LIMITED or UNLIMITED

Footing: _____ IF LIMITED: Max # of Teams _____

Start Date: _____ # of Days: _____ Closing Date: _____

Tournament Contact

Name: _____ Phone: _____

Address: _____

Email: _____

Please submit application to your CSHRA Regional Representative
Darla Shelton darla@cvs-controls.com (AB) or Ellen Widdup ellen.widdup@gmail.com (SK)

CSHRA Record Keeping ONLY

Date of application receipt: _____

Date submitted to Board of Directors: _____

Tournament Approved Yes No

Date Tournament Director/Secretary notified of decision: _____

Date when copy of the Premium List is received: _____