

**DUE ON OR BEFORE JANUARY 31 OF PRIOR YEAR
AND JULY 31 OF CURRENT YEAR**

**MAIL TO: Diana Muravez
2552 Los Cerritos Lane
Fallbrook, CA 92028
email:DianaLoire@aol.com**

*CALIFORNIA DRESSAGE SOCIETY CHAPTERS'
YEAR END FINANCIAL REPORT For Year 20_____*

CHAPTER NAME:

Submitted by (outgoing treasurer):

Phone Number:

email:

Incoming Treasurer Name:

Phone Number:

email:

1. Beginning check book balance at January 1 (same as 12/31 Ending Check Book Balance) \$ _____

INCOME **DO NOT SUBSTITUTE OR ADD CATEGORIES**

2. Donations	\$ _____
3. Education (clinics, etc)	\$ _____
4. Interest (Bank)	\$ _____
5. Newsletter	\$ _____
6. Shows	\$ _____
7. Total Receipts	\$ _____

8. TOTAL RECEIPTS & BEGINNING BALANCE \$ _____

EXPENSES **DO NOT SUBSTITUTE OR ADD CATEGORIES**

9. Education	\$ _____
10. Grants & Scholarships (attach documentation)	\$ _____
11. Meetings	\$ _____
12. Office & Postage	\$ _____
13. Printing (Newsletter + ?)	\$ _____
14. Shows	\$ _____
15. Total disbursements	\$ _____

16. TOTAL BEGINNING BAL, RECEIPTS & DISBURSEMENTS \$ _____

17. Ending Check Book Balance at December 31 (Should agree with line 16) \$

MANDATORY: Attach year end bank statement in its entirety .

18. Bank Statement Balance at December 31	\$ _____
Plus outstanding deposits	\$ _____
Minus outstanding checks	\$ _____

19. Reconciled ending bank balance (Should agree with line 17) \$

Revised November 2021

**CALIFORNIA DRESSAGE SOCIETY
LIABILITY INSURANCE
INFORMATION AND PROCEDURES**

The following information should explain how the Liability Policy for CDS works now and what is expected of the Chapters to have all their events properly insured. **ALL EVENTS MUST BE REPORTED TO THE INSURANCE AGENT IF THEY INVOLVE HORSES.**

Application for Insurance for Events: Events are shows, clinics or seminars offered by CDS or its chapters to members and nonmembers alike. Insurance certificates for events must be applied for a minimum of sixty (60) days prior to the event. Each individual event must be submitted on an event coverage request form completely filled out and submitted to the CDS Central Office. Certificates of insurance will be issued from the event coverage request form *so please be sure to get the right mailing address for all parties to receive certificates.* Any certificates that must be reissued due to erroneous information provided by the chapter will be subject to a \$10 administrative fee.

Clinicians MUST provide proof of their own insurance coverage in order for the event to be covered by CDS insurance policy
If the clinician does not have insurance, it can be added for \$200 per event.

Cancellation/Rescheduling: If an event is canceled or rescheduled, Equine Insurance must be notified within 24 hours of the decision to cancel or reschedule, in any event not later than the first day of the event. One rescheduling is allowed per event day and the reschedule date must be provided within 48 hours of the notification to reschedule.

Charges and Fees to Chapters: Charges for certificates are as follows:

Insurance Fee \$65 PER DAY
Paid to
CDS
P O Box 417
Carmel Valley, CA 93924

Notice: For all events must be submitted **by mail** with payment attached in the form of a chapter check, or by fax with a credit card.

CDS CENTRAL OFFICE
P O BOX 417
CARMEL VALLEY, CA 93924

Insurance provided by Parker Equine Insurance



**CALIFORNIA DRESSAGE SOCIETY
HORSE SHOW/CLINIC/SPECIAL EVENT
INSURANCE COVERAGE REQUEST FORM
ONLY ONE EVENT PER FORM PLEASE!**

Chapter Name _____

Chapter Contact _____ Phone Number _____

Mailing Address _____ Fax Number _____

City/State/Zip _____

Email _____

Name of Event _____ Type of Event _____

Location of Event (full address) _____

Event Dates: Start _____ End _____ Clinician _____

Does the facility require a certificate of insurance? Yes _____ No _____

If yes, you must provide the complete name of the facility owner(s) and one mailing address in order to issue a certificate of insurance. Example: "John Doe dba Horse Creek Ranch", or "Jane & John Doe, Bill Sellers and Horses, Inc. dba Show Facilities International". If in doubt, check with the facility for their exact required wording. Only one certificate will be issued for the facility owner(s) naming all entities required. If any separate certificates are required, they must be shown below as "other entities".

Clinicians must provide their own proof of insurance. If the clinician does not have insurance, it can be added for \$200 per event.

Name and Mailing Address of FACILITY to be included as additional insured:

If show, is it recognized by USEF ? Yes ___ No ___ USEF # _____

If yes, certificate to USEF 4001 Wing Commander Way, Lexington, KY 40511
fax: 859-231-6662

additional copy to USDF 4051 Iron Works Parkway, Lexington, KY 40511
fax: 859-971-7722

Do any other entities require proof of insurance? Yes ___ No ___

If yes, you must provide the complete name of the entity and their mailing address below in order to issue a certificate of insurance as well as the relationship requiring the proof of insurance (e.g., corporate sponsor, vendor from which you rented equipment, other sanctioning organization such as USDF). Vendors and corporate sponsors cannot be named additional insured but can be issued proof of insurance.

Other Certificates required & relationship:

Complete one form for each event and mail to:

CDS Central Office phone: 831/659-5696 fax: 831/659-2383
P.O. Box 417 email: paula@california-dressage.org
Carmel Valley, CA 93924

AT LEAST SIX WEEKS PRIOR TO OPENING DAY OF EVENT

*****Chapter Insurance Fee: \$65 PER DAY fee payable to CDS**

Charges: No charge for certificates for facility, USDF and USEF

Payments should be on CDS Chapter checks made payable to CDS and remitted with this form.

Unless otherwise indicated for certificates issued, the original will be sent directly to the certificate holder with a copy to the chapter contact and a copy to the CDS Central Office.

CDS Competition Travel Grant Letter of Intent 2022

The CDS Travel Grant Committee has budgeted certain funds for the calendar year. CDS would like to support riders who are selected to participate in International and National Competition.

If you are interested in a Competition Travel Grant for 2022 to attend one of the final selection trials mentioned below, please send in this "Letter of Intent" before the event occurs. Only riders who have sent in this form will be eligible for a grant (exceptions: the Young Rider Coordinator must send in the form for the team). Both rider and owner must be members of CDS in good standing for either one to be eligible for grants. In the case of the NAYC, the grant, or some part of it, may be sent to the Chef or the Team Member, at the discretion of the committee. The 2022 maximum amount per person is \$2,500. No travel grants will be awarded to events within California. All information must be completed or travel grant cannot be considered.

Date _____ Name of rider _____

Permanent Address of rider _____

Telephone _____ Email _____

CDS Membership # _____ Social Security (required) # _____

Name of horse (s) _____

Owner's Name _____

Owner's Address _____

Owner's Phone _____ CDS Membership # _____

Owner's Social Security (required) # _____

To whom should the check be made payable to? _____

Please check the eligible competition(s) you are hoping to attend:

- | | |
|--|--|
| <input type="checkbox"/> North American Junior Rider Championship | <input type="checkbox"/> Dressage Seat Medal Finals |
| <input type="checkbox"/> North American Young Rider Championship | <input type="checkbox"/> Para-Equestrian National Championships |
| <input type="checkbox"/> Festival of Champions Intermediaire I | <input type="checkbox"/> Festival of Champions Grand Prix |
| <input type="checkbox"/> National Young Horse Dressage Championships | <input type="checkbox"/> Developing Horse National Championships |

If awarded a grant are you willing to: write an article on your experience for Dressage Letters? Yes No
Speak at Event / Meeting? Yes No

I plan to contribute back to the CDS Membership by (check your preference):

- | | |
|--|---|
| <input type="checkbox"/> working with Juniors / Young Riders | <input type="checkbox"/> working with Amateurs |
| <input type="checkbox"/> help on Annual Meeting | <input type="checkbox"/> help / support Championship Show |
| <input type="checkbox"/> adopt a CDS Chapter to help | <input type="checkbox"/> other: _____ |

Signature _____ Date _____

Note: Payment will be made upon return from the event for which the grant has been made.

Return Letter of Intent to the CDS Central Office • P O Box 417 • Carmel Valley, CA 93924

CODE OF CONDUCT
California Dressage Society
Officers and Appointed Officials of the Chapters Executive Board

The Officers and Officials of the Chapters' Executive Board are responsible for the organizations' local governance. "Officers and Officials" represent CDS at all levels, locally, statewide or nationally, and it is the responsibility of each Officer/Official to uphold the highest degree of professionalism and ethical conduct. In order to ensure that CDS functions effectively; continues to serve our members; meets our mission; and that our society continues to prosper, our actions must always reflect credit and integrity, promote unity, and maintain the outstanding reputation CDS has in all levels of the horse industry. To that end, these guidelines are provided to describe and outline general expectations. While these guidelines are NOT all encompassing and can not address every possible situation, they provide a framework and set a general standard against which each person can measure his or her actions. Officers/Officials must act in a manner that reflects and embraces the present level of integrity, prestige and excellence which has been the cornerstone of our organization for the past 40 years and will continue to be in the future.

Officers and Officials Responsibilities:

- Promote membership and volunteerism in CDS.
- Enhance CDS's public image.
- Attend scheduled board meetings.
- Be prepared to actively participate in discussions, having read supporting materials provided before the meetings.
- Respond to electronic and regular correspondence promptly.
- Encourage and respect input of all members or guests.
- Promote unity and confidence.
- Recognize the President of CDS is sole spokesperson for the organization.
- Keep sensitive matters confidential (to be decided by a vote of the majority of the Board or as directed by the Chair).
- The Chapter should manage financial affairs such that there is a separation of duties whereby the person conducting the expenditures is not the same person that reconciles the Bank Accounts and Statements. This provides a cross check over bank access and spending
- Keep the organization fiscally sound and operating within acceptable practices of nonprofit corporations.
- Will not obligate CDS to any contracts, agreements for services or financial commitments without consent of the whole board or in an emergency situation the written permission of the Chair.
- Will not use their position to independently promote, endorse or support any cause, individual or event or act in such a way that the action is or appears that is it a conflict of interest.

Code of Conduct
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- Ensure that CDS’s name shall not be lent to any cause, individual or event without a vote of the majority of the Board.
- Not use the CDS roster, letterhead, logo, or other materials in any form (i.e. postal mail, electronic mail, fax, etc) for any commercial or personal promotion, or to correspond with any agency, organization, or individual that could be construed as speaking for the organization without permission of the Board.
- Comply with the longstanding CDS policy not to publicly participate in or support campaigns for state board or chapter officers. This includes NOT publicly promoting or endorsing any member running for election at any level within the organization, either for the state board or chapter officers. Directors are free to PRIVATELY support a candidate, sign an intent to run petition or take other actions to support an individual, provided there is NO perception or interpretation that the Directors’ choice comes from a position of authority or an endorsement from a person of influence.

I have read and understand the provisions as outlined above. I agree to comply with these guidelines. If I have any doubt as to whether my action(s) will violate any of these policies, I agree to take prudent action and determine what my options are in a particular situation. Appropriate actions include but are not limited to discussing the proposed action with other Executive Board Members, officials, state level Directors, or the President of CDS, in advance, reviewing CDS Bylaws and Standing Rules, or contacting the Central Office Manager for advice.

Chapter Name _____

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date



california dressage society

Request for Payment

Attention: Diana Muravez

Event: _____

Payable To: _____

Mail / Pick Up Payment: _____

Address: _____

Amount: _____

Description: _____

Budget Line #: _____

Request By: _____ Date Requested: _____

Approved By: _____ Date Approved: _____

Processing Policies: Request for payment form must be approved by authorized person responsible for the budget item. Return this completed form with invoice to Diana Muravez.

For accounting use only

Account Paid From: _____

Date Paid: _____

Check #: _____

Check Amount: _____

HORSE OF THE YEAR CLASSES: **GRAND CHAMPION TROPHIES**

Training Level Open Peter & Bonnie Lert Perpetual Trophy:

Donated by Peter and Bonnie Lert in 1997

Training Level Amateur Melissa Creswick Perpetual Trophy:

Donated by Melissa Creswick 1998

Training Level JR/YR Perpetual Trophy:

Donated by CDS 2013

First Level Open McLeod Perpetual Trophy:

*Donated by Stacy Burke, Susan Routson
Catherine Schroeder, Bud Swenson 1979*

First Level Amateur Full Cry Perpetual Trophy:

Donated by Full Cry and Eileen Whalen

First Level JR/YR Perpetual Trophy:

Donated by CDS 2013

First Level Freestyle CDS Perpetual Trophy:

Second Level Open Bengt Lungquist Memorial Trophy:

Donated by Osierlea 1979

Second Level Amateur Two-Tone Malone Perpetual Trophy:

Donated anonymously 1992

Second Level JR/YR Perpetual Trophy:

Donated by CDS 2013

Second Level Freestyle Dawn West Perpetual Trophy:

Donated by Mr and Mrs Wm D Byrne 1986

Third Level Open Judith Elias Perpetual Trophy:

Donated by Stephen Elias 1989

Third Level Amateur Stanford Perpetual Trophy:

Donated by Stanford Dressage Cub

Third Level JR/YR Perpetual Trophy:

Donated by CDS 2013

Third Level Freestyle Alexandra Howard Memorial Trophy:

Donated by friends of Sandy Howard

Fourth Level Open Pal Kemery Perpetual Trophy:

Donated by Charles de Kunffy 1979

Fourth Level Amateur Fox Run Perpetual Trophy:

Donated by Donna Richardson

Fourth Level JR/YR Perpetual Trophy:

Donated by CDS 2013

Fourth Level Freestyle Ran Averett Memorial Perpetual Trophy:

Donated by Ran Averett's mother 1985

PSG Open Bent Roswall Memorial Trophy:

PSG Amateur Global Imaging Perpetual Trophy:

Donated by Donna Richardson

PSG JR/YR Perpetual Trophy:

Donated by CDS 2013

Intermediaire I Open CDS Perpetual Trophy:

Intermediaire I Amateur T.D.I. Systems Perpetual Trophy:

Intermediaire I Freestyle Lilian Van Dahn Trophy:

Donated in 1989 by the Los Angeles Chapter

Intermediaire II Open Pelton Family Trophy:

Intermediaire II Amateur:

Grand Prix Sherry De Leon Memorial Trophy:

Donated by friends of Sherry

Grand Prix Amateur Rubenstein Memorial:

Donated by friends of Rubenstein

Grand Prix Freestyle Lt. Col. Hans Moeller:

Donated by the SFP Chapter

1st & 2nd level Grand Champion Atherton Dressage Society Perpetual Trophy:

3rd & 4th Level Grand Champion Major Guy De Roaldes Memorial:

PSG/Int. I Grand Champion Doug Downing Memorial Trophy:

GP Grand Champion Keen Memorial Trophy:

FUTURITY TROPHIES

4 yr. old Futurity Open CDS Perpetual Trophy:

5 yr. old Futurity Open CDS Perpetual Trophy:

Donated by Susan Dyke 1971

6 yr. old Futurity Open Parker Perpetual Trophy

Donated by Paquita Parker 1973

Cal Bred Futurity Sally Gross Perpetual Trophy

Donated by friends of Sally Gross

PERPETUAL AWARDS

First Level Warm-Up Shelley Siegel Memorial Trophy:

Donated by CDS Championship Show Committee 1984

Second Level Warm-Up San Francisco Peninsula Perpetual Trophy:

Donated by CDS SFP Chapter 1973

Third Level Warm-Up Charles DeKunffy Coin Perpetual Trophy:

Donated by Charles deKunffy

Fourth Level Warm-Up Class Majors Anders Lindgren

High % Stallion in CDS HOY classes – Tambu Memorial Trophy:

Donated by Pamela Green 1973

High % Mare in CDS Hoy Classes–Cantata Memorial Perpetual Trophy:

Donated by Cathy Naugle 1994

High % Adult Amateur Danish Warmbloods in Warm-Up or CDS Hoy

High % Open Danish Warmbloods in Warm-Up or CDS Hoy Class –

NADWA Danish Award

High % Adult Amateur Dutch Warmbloods in Warm-Up or CDS Hoy

High % Open Dutch Warmbloods in Warm-Up or CDS Hoy Class

High % American Trakehner - American Trakehner Perpetual Trophy:

High % FHANA

High % Oldenburg

High % Lower Level Lusitano

High % Upper Level Lusitano

Robert Walker Trophy High Score Registered Thoroughbred in a CDS HOY class.

CALIFORNIA DRESSAGE SOCIETY
2022 REGIONAL ADULT AMATEUR COMPETITION
Application Form

Application Deadline: Close of business on August 31st 2021

NOTE: This application is designed to ensure a successful event and to promote clear communication between all parties. If you need assistance please contact the CDS Central Office for clarification or help.

Name(s) of Applying Chapter(s): _____

Name(s)/Phone No of Contact Persons and Title:

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Name of Show Manager: _____ Phone: _____

Name of Show Secretary: _____ Phone: _____

Name of Private Party Management _____ Phone: _____

Email address of primary contact person: _____

Note: the names listed above must include the responsible person(s) who are coordinating the show i.e. chapter chair(s) or chapter(s) representatives in addition to whoever will actually manage the show. These are the people who will sign the agreements and provide supporting documentation.

Show to be held in: (circle one) NORTH CENTRAL SOUTH

Name of Current Show: _____

Date(s) of Show: _____ Approvals (circle all that apply) CDS USDF USEF

If approved provide approval #s : _____ USDF _____ USEF

Facility Owners Name: _____

Name/Address of Facility with brief description: _____

An existing contract for the facility is in effect for these show dates: (circle one) YES NO
(if YES provide a copy of the agreement).

This event: is a stand alone Chapter Show/event
 will be a combined Chapter Show between 2 or more Chapters
 will be a combined Chapter Show with Private Management

I/We have included a simple draft budget on the form provided. (circle one) YES NO

I/We have included a simple agreement that outlines duties, responsibilities and revenue between parties for our combined event. (circle one) YES NO

Optional: you can, on a separate sheet of paper, describe how you will integrate this show with your current format (for example, do you plan on having the 10 classes on Sunday only, or on Sat/Sun. How do you see providing for warm-up classes etc.).

Signature of Chapter Rep: _____ Date: _____

Signature of Chapter Rep: _____ Date: _____

Signature of Show Manager: _____ Date: _____

REGIONAL CDS CHAPTER
 ADULT AMATEUR COMPETITION Sample Budget

REVENUE:

Entry fees –

Association fees	_____
Class entry fees	_____
Late fees	_____
Office fees	_____
Refunds	(_____)
Stabling	_____
Program sales	_____
Advertisers/Sponsors	_____
Vendor fees/camping fees	_____
CDS provided registration fees*	\$500
TOTAL INCOME	_____

EXPENSES:

Association fees	_____
Awards	_____
Advertising	_____
Decorations	_____
Equipment rental	_____
Facility costs	_____
Hospitality	_____
Hotel, officials	_____
Officials costs	
Announcer fees	_____
EMT	_____
Farriers	_____
Judges	_____
Judges travel/meals	_____
TD fees	_____
TD travel/meals	_____
Vet services	_____
Office supplies	_____
Management Services	_____
Postage	_____
Printing (prize list/program)	_____
Prize Money	_____
Stall rentals	_____
Volunteer expenses	_____
TOTAL EXPENSES	_____
NET INCOME (LOSS)	_____

- Funds to be provided by CDS Board