



POST SHOW REMITTANCE FORM

This form and fees are to be submitted within 2 weeks of the end of the show.

NAME OF SHOW: _____

DATE(S) OF SHOW: _____

NUMBER OF HORSES COMPETING

WHICH HAVE WECAN RECORDING NUMBERS: _____

@ \$2.00 each

TOTAL _____

NUMBER OF NON-WECAN MEMBERS COMPETING: _____

@ \$25.00 each

TOTAL _____

GRAND TOTAL _____

Form to be sent to events@workingeq.ca

Funds to be submitted via E-transfer to treasurer@workingeq.ca

Submitted by: _____

Position: _____

Date: _____