

**2024 STATE EQUESTRIAN COMPETITION
DELEGATION SUMMARY FORM
DUE: JUNE 24, 2024**

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

Cell # During The Games: _____

NUMBER IN DELEGATION:

Coaches/Chaperones: _____

Athletes: _____

Total # in delegation: _____

Total # of horses: _____

Total # of stalls: _____

Woodchips needed: _____ X \$7.00 _____

of campsites needed on Saturday: _____ X \$25.00 _____

of campsites needed on Sunday: _____ X \$25.00 _____

of campsites needed on Monday: _____ X \$25.00 _____

of campsites needed on Tuesday: _____ X \$25.00 _____

Total amount to be reimbursed to SOSD _____

MEALS: Total number of coaches and athletes to attend the following meals:

Monday Lunch: _____

Monday Dinner: _____

Tuesday Breakfast: _____

Tuesday Lunch: _____