

2009 Qualification Form

Print form if you do NOT have your USDF GMO number or do NOT have access to Email.

Submit by Email if you DO have your USDF GMO number listed or if you have already submitted a form for 2009.

It is the riders responsibility to submit this form to the Qualification Secretary. Please submit quickly after the show. Riders need to check the website for qualification status (www.CBLM.org). Only riders who have NOT qualified will receive direct notification. Please complete the entire form. Riders MUST submit a seperate entry blank to the Finals Show Secretary to enter the Championships. Please review the **CHANGED** 2009 rules at www.CBLM.org.

Qualification Secretary
Bettina G Longaker
8246 Open Gate Rd
Gordonsville, VA 22942
p: 540-832-7611; f: 540-832-2926
e: vadvirag8@gmail.com

Finals Show Secretary:
Rose Sinn, meadowshows@verizon.net

27th Annual CBLM Championships, October 9-11, 2009
Horse Park of New Jersey, Allentown, VA, hosted by ESDCTA, Inc.

Rider Jr/Yr Birthdate

Horse Email

Address Phone #

GMO Membership verification. Please check the appropriate GMO and write in your GMO number that the USDF assigned you (you may find the number at www.usdf.org, then go to the GMO membership page). If you do not want or can not submit via email, please PRINT this form & either have your GMO President or Membership Chair sign this for OR submit a copy of your GMO membership card OR submit the address page of your GMO Newsletter; then fax or mail everything to the Qualification Secretary.

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| <input type="checkbox"/> CAMDA GMO # <input type="text"/> | <input type="checkbox"/> CDCTA GMO # <input type="text"/> | <input type="checkbox"/> CDA GMO # <input type="text"/> |
| <input type="checkbox"/> DVCTA GMO # <input type="text"/> | <input type="checkbox"/> ECRDA GMO # <input type="text"/> | <input type="checkbox"/> ESDCTA GMO # <input type="text"/> |
| <input type="checkbox"/> GSDS GMO # <input type="text"/> | <input type="checkbox"/> HDS GMO # <input type="text"/> | <input type="checkbox"/> IEO GMO # <input type="text"/> |
| <input type="checkbox"/> LVDA GMO # <input type="text"/> | <input type="checkbox"/> MDA GMO # <input type="text"/> | <input type="checkbox"/> NCDCTA GMO # <input type="text"/> |
| <input type="checkbox"/> OCDA GMO # <input type="text"/> | <input type="checkbox"/> OVCTA GMO # <input type="text"/> | <input type="checkbox"/> PVDA GMO # <input type="text"/> |
| <input type="checkbox"/> SCDCTA GMO# <input type="text"/> | <input type="checkbox"/> VADA GMO # <input type="text"/> | <input type="checkbox"/> WPDA GMO # <input type="text"/> |

GMO President or Membership Chair
(if mailed) signature : _____

2009 Show Information

Show Name Show Date

Level Percentage

MFS Level Percentage