



Arizona State Cutting Championship

www.azcuttingchampionship.com

info@azcuttingchampionship.com

CHECK PAYMENT VOUCHER

Date: _____

Name: _____

Mailing Address: _____

Phone number: _____

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Write the check out to:

CCCHA

In the subject line write:

AZ Cutting Championship Show 12/2021

Check Amount enclosed: \$ _____

Services/Event paid for by this check:

(Please describe: Clinic, Audit Ticket, or Sponsorship. For Clinic or Audit tickets include number of people paid for and their individual names, days paid for (audit only), and include the horse name (clinic participation) For sponsorships include sponsorship level.*

*Note: Clinic sales are on a first come (first paid) first serve basis. If your payment submission is received after all spots are filled, we will contact you either by phone or by email to notify you and discuss the best route for check disposal or return.

Mail this voucher along with the check to:

CCCHA- AZ Championship Show

P.O. Box 850

Paulden, AZ 86334