



Established in 1971, The **Oregon Dressage Society**, an affiliate of the United States Dressage Federation, exists to educate, promote and inspire its members and the general public through programs, publications and competitions, in a way that enhances the image of Dressage and promotes the welfare of the horse.

## ODS SHOW REPORT OF FEES

Competition Name: \_\_\_\_\_

Competition Date: \_\_\_\_\_

ODS Approval #: \_\_\_\_\_

USEF License #: \_\_\_\_\_ Level: \_\_\_\_\_ USDF Approved  Yes  No

Person filling out form – name, phone #: \_\_\_\_\_

*This form must be submitted along with any necessary W-9 forms within 14 days after the final day of the ODS approved competition or penalties may be assessed. If ODS must follow up with you, the fee is \$35 per show; the fee doubles with each additional invoice.*

Send this form with check or money order payable to ODS along with the complete report of results\* to:  
**Oregon Dressage Society ~ PO Box 347 ~ Toutle, WA., 98649**

*\*ODS League Show Results must be e-mailed following the format as prescribed on the ODS Show Management webpage. Please do not mail a hard copy of results unless requested by the Office or Awards Volunteers.*

Membership Application Fees Total \$ Received	= _____
ODS Education Fund Contribution Total \$ Received	= _____
Grand Total of Fees Received	= _____
Subtract total paid by competitors to ODS (personal checks)	= <u>_( _____ )_</u>
Total amount owed by show to ODS (if any)	= _____

**Notes/comments about this show** – *is there anything to brag about? Did a volunteer go above and beyond for you and you would like to recognize him/her? Did your show management experience unforeseen challenges? Were you able to overcome them? Have any complaints?*

Competition Name: \_\_\_\_\_

Competition Date: \_\_\_\_\_

*Accidents & Incidents:*

\_\_\_\_\_ Yes\*    \_\_\_\_\_ No    Accident occurred at show  
 \_\_\_\_\_ Yes\*\*    \_\_\_\_\_ No    Incident occurred at show

**Attn. ODS Chapters/Committees:** please be sure that the official ODS Accident Report form has been filled out and filed with the ODS Office for any accidents or incidents. Accident involves injury to horse or person. Incident includes anytime a person is involuntarily unseated, etc. In the case of an accident, we have 24 hours to report it to the insurance company. Contact the ODS Office at (503) 681-2337 if you have any questions.

*Memberships Collected at Show:*

\_\_\_\_\_ Yes    \_\_\_\_\_ No    Membership applications have already been sent to ODS Office  
 \_\_\_\_\_ Yes    \_\_\_\_\_ No    Membership applications are enclosed with this form

*If show was an ODS Approved League Show:*

\_\_\_\_\_ Yes    \_\_\_\_\_ No    ODS League Show Participation/Awards fees collected and paid with this form  
 \_\_\_\_\_ Yes    \_\_\_\_\_ No    ODS League Show Evaluation Forms were available and accessible to all  
 \_\_\_\_\_ Yes    \_\_\_\_\_ No    ODS League Show Evaluation Forms have already been sent to ODS Office  
 \_\_\_\_\_ Yes    \_\_\_\_\_ No    ODS League Show Evaluation Forms are enclosed with this form

**For ODS Chapters and Committees only:**

*Payments to Officials and Staff:*

\_\_\_\_\_ Yes    \_\_\_\_\_ No    We paid officials at this show  
 \_\_\_\_\_ Yes    \_\_\_\_\_ No    We paid staff at this show  
 \_\_\_\_\_ Yes    \_\_\_\_\_ No    We paid for other professional services at this show (EMT, Vet, Farrier, Etc.)  
 \_\_\_\_\_ Yes    \_\_\_\_\_ No    We paid for facility at this show

*Because the ODS financial committee prepares and files taxes on behalf of all ODS (including all committees and chapters), it is a requirement to list all officials you have paid a fee to, with details of the payments made. Taxable income generally does not include expenses reimbursed, so please assist our volunteers on the financial committee by providing us the following information:*

Name of Person or Business Paid:	Fee Paid for Services/Rentals:	Reimbursed Expenses Paid:	Was a W-9 collected and sent to the ODS Office?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Office use space:**