



2020 ODS Post-SHOW/EVENT REPORT

Due 14 days after final day of show/event with W-9 forms

Late submission include \$35 fee

Mail completed form, W-9s, membership forms, check payable to ODS to:

**Oregon Dressage Society
P.O. Box 666
Canby, OR., 97013**

E Mail ODS League Show results to: ODSinfo@oregondressage.com
See format in Policy/Procedure Manual on website.

Show/Event Name: _____

Show/Event Date: _____

Show ODS Approval #: _____

Show USEF License #: _____ Level: _____ USDF Approved Yes No

Person filling out form:

Name: _____

Phone #: _____

Email: _____

Accidents & Incidents:

____ Yes ____ No Accident occurred at show/event (accident involves injury to horse or person)

____ Yes ____ No Incident occurred at show/event (incident includes a person involuntarily unseated, etc.)

NOTE: In case of accident, we have 24 hours to report it to the insurance company. Complete Accident Form (website: Forms and Documents) and email: ODSinfo@oregondressage.com. OR email a picture of the form.

Memberships Collected at Show/Event:

____ Yes ____ No Membership applications have already been sent to ODS

____ 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 been sent to ODS

____ Yes ____ No ODS League Show Evaluation Forms are enclosed with this form

For ODS Chapters and Committees only:

ODS files taxes on behalf of all ODS (including all committees and chapters). A requirement is a list of all officials paid a fee, with details of the payments made. Taxable income generally does not include expenses reimbursed, so please list reimbursed expenses separately:

Payments to Officials and Staff:

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

Name of Person or Business Paid:	Fee Paid for Services/Rentals:	Reimbursed Expenses Paid:	Was a W-9 collected and sent to the ODS?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Participation/Awards (Centerline) Fees = _____
 Membership Application Fees Total \$ Received = _____
 ODS Education Fund Contribution Total \$ Received = _____
 Late Submission if applicable = _____
 Grand Total of Fees Received = _____
Grand Total of Fees Owed to ODS = _____

Notes/comments about this show/event – *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?*