



Arizona State Cutting Championship  
[www.azcuttingchampionship.com](http://www.azcuttingchampionship.com)  
[info@azcuttingchampionship.com](mailto:info@azcuttingchampionship.com)

## CHECK PAYMENT VOUCHER

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

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

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please make check payable to:**  
**CCCHA**  
**In the subject line please include what the payment is for.**

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