

# Entry Form

Amanda Ross & Megan Jones

Eventing Clinic Jan 7<sup>th</sup> & 8<sup>th</sup> 2014

I understand that a parent/ guardian must be present while riding.

Rider Name: -----

Rider Age: -----

Address: -----

Phone: -----

Email address (if you have one): -----

Mount: -----

Club: -----

Horse Trials Grade: Grade: -----

Clinic Fee: \$-----

Camping Fee: \$-----

Yard Fee: \$-----

Total Amount enclosed: \$ -----

**(Please make cheques payable to Mansfield Pony Club)**

**Please send entry form and payment to: Fenella Ritchie, PO Box 494, Mansfield 3724**

**(Please make cheques payable to Mansfield Pony Club)**

Biosecurity :

Address horse will move from prior to the clinic:.....

Address horse will move to after the clinic:.....

## **Condition of Entry Acknowledgement**

I ..... hereby acknowledge and accept the listed rules and conditions of entry including the biosecurity requirements

Riders signature:.....

Or Parent / Guardian signature: -----

(Only required for riders under 18 years of age)

