

ENTRY FORM

HANNAH & EMILY CLINIC

I wish to participate in the Hannah and Emily Clinic on the 24th and 25th January, 2019. I understand that a parent/guardian must be present while riding.

Rider Name: _____ Rider Age: _____

Address: _____

Phone: _____

Email address: _____

Mount: _____

Club: _____ Horse Trials Grade: _____

Clinic Fee: \$_____ Camping Fee: \$_____ Yard Fee: \$_____

Total Amount: \$_____

(Please scan and email entries to: Fiona@foxdairies.com.au)

Bank details: Mansfield Pony Club BSB: 633000 ACC: 140751975

Bio-security:

Address horse will move from prior to clinic: _____

Address horse will move to after the clinic: _____

Condition of Entry Acknowledgement:

I hereby acknowledge and accept that the listed rules and conditions of entry including the bio-security requirements.

Riders signature:

Or Parent/Guardian Signature:
(only required for riders under the age of 18)