

MANSFIELD PONY CLUB  
JUNIOR EVENTING CLINIC  
TUESDAY 7<sup>TH</sup> & WEDNESDAY 8<sup>TH</sup> JANUARY 2014  
MANSFIELD SHOWGROUNDS

Enquiries: Fenella Ritchie 0458 961113  
Email: [ritchie.mark@bigpond.com](mailto:ritchie.mark@bigpond.com)

I wish to participate in the two day clinic with Kim Hewlett on the 7th and 8th of January 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**

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 ands 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)

