

**MANSFIELD PONY CLUB
JUNIOR EVENTING CLINIC
Thursday 9TH & Friday 10TH JANUARY 2014
MANSFIELD SHOWGROUNDS**

**Enquiries: Fenella Ritchie 0458 961113
Email: ritchie.mark@bigpond.com**

I wish to participate in the two day clinic with Kim Hewlett on the 9th and 10th 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)

