ENTRANCE TICKET NUMBER: .....

EACH RIDER MUST COMPLETE A SEPARATE FORM

This form must be completed in full & signed prior to competing,

Please write neatly in block letters.

RIDER'S NAME: .....

ALL RIDERS ARE REQUIRED TO SIGN AN INDEMNITY FORM.

ADDRESS: .....

.....**POSTCODE:** .....

PHONE NUMBERS: (HOME) ..... (MOBILE).....

EMAIL ADDRESS:.....

HORSE OWNER'S NAME: .....

(Required for VAS Ltd/EFA results sheet as horse must be identified in registered Owners Name).

HORSE'S NAME (INCLUDING REG. NO. IF APPLICABLE	EVENT NO.s FRIDAY	EVENT NO.s SATURDAY	TOTAL COST

CONDITIONS OF ENTRY: I have read the Conditions of Entry and General Show Regulations in the Donald P & A Society Inc Schedule and agree to be bound by them and to abide by all decisions of the Donald P & A Society Inc in relation to the competition.
I undertake to ensure that all horses entered in my name will be brought onto the Show grounds disease free and in good health and condition as per Show Regulation Number 15. Should a horse become ill during the period of the Show, I undertake to immediately inform the Horse Coordinator who will in turn inform the Show Veterinarians. In this case, I understand that Show Regulation number 16 may be invoked and agree to these as the conditions of entry.

Signed: .....

Date: / 10 / 20