HORSE RIDING CLUBS ASSOCIATION of VICTORIA INC.

STANDARD ENTRY FORM

(For use for all Official HRCAV Events)

EVENT:	
RIDER NAME:	
ADDRESS:	
PHONE #:	AGE (If under 18 years)
EMAIL ADDRESS:	
CLUB NAME:	
HORSE'S COMPETITION NAME:	
MEMBERSHIP CARD #:	Level entering.....*Dressage level.....
* You must record your Dressage level when entering CT & HT events.	
HORSE'S HEIGHT (Showing Only):	STABLE (if available) Circle: YES / NO
YARD (if available) Circle: YES / NO	STRAW (if available) Circle: YES / NO
CAMPING (if avail) Circle: YES / NO	DINNER/FUNCTION: Circle YES / NO

EVENT ORGANISERS NOTE: *I am ineligible to compete under the following judge as it would be in breach of either Dressage Rule 4.9 or Showing Rule 4.4*

JUDGE'S NAME:

ENTRY INFORMATION:

SECTION/CLASS:	***COMPETITION:***	***FEES APPLICABLE:***
		$
		$
		$
		$
	Stable, Straw, Yard, Camping	$
	Dinner/Function	$
	Werribee Park Levy $6.00	$
	Medical Levy - if requested (Jumping Disciplines only) $2.50	$
	TOTAL FEES	$

****NOTE: One Horse only per entry form.**

VOLUNTEER HELPER INFORMATION *(if applicable):*		
NAME:		
ADDRESS:		POSTCODE:
PHONE #: BH:	AH:	FAX:

I understand and agree to abide the Rules and Regulations of the Horse Riding Clubs Association of Victoria Inc. and the Conditions of Entry as stated on the Official Program.

Signature of Rider: _____ Date: / /

DO NOT FORGET TO ENCLOSE A STAMPED, SELF-ADDRESSED, BUSINESS SIZE ENVELOPE FOR THE RETURN OF YOUR TIMES.