

HORSE ENTRY FORM

Name of Exhibitor: (Mr, Mrs or Miss) (Surname) (First Name)

Postal Address:
.....
..... Post Code:

Telephone: Fax:

GST NO.:

Email:

PAYMENT OF FEES AND MEMBERSHIP

1. Payment by cheque; or
2. Direct Credit: Manawatu A&P Association.
Our account number: 020 727 0033284-00
Code: HORSE
Reference: Exhibitors Name
Particulars: Breed Number

NOTE:

- Entries will only be accepted accompanied by the correct entry fee.
- Entries are accepted subject to the Rules and Regulations of the Egmont A&P Association, copies of which may be obtained from the Secretary.
- All charges are GST inclusive.
- RAS Drug Levy included in Entry Fee.
- In complete entries will not be accepted.

EXHIBITOR DECLARATION:

I accept the Association's condition of entry and I indemnify the Association under the provisions of Health & Safety in Employment Act 1992.
My Signature hereto (on this entry form) and/or participation in the competition/s denotes my acceptance of the RAS Forbidden Substance Rule and Regulations and Conditions;
I understand that this Show is run under the Rules of the RAS and ESNZ and I agree to abide by these rules.

Signed: