



**NEW ZEALAND
NATIONAL
HORSE & PONY
SHOW ASSOC INC.**

**REFUND
REQUEST**

Contact Person: _____

Email: _____

Phone: _____

Address: _____

Horse/Pony Name: _____

Rider's Name: _____

Class numbers: _____

or WHOLE SHOW

Reason:

Please circle one:

Doctors Certificate Attached

Farriers Certificate Attached

Vets Certificate Attached

None

I have read clause 7 in the rules and conditions of the schedule (page 8) for the NZNHP show and hereby understand the rule and the completion of this form

Signature: _____

Date: _____