| POVERTY BAY A&P ASSOCIATION SHOW  |                        |             |                     | PB A&P Association |             | CONDITIONS OF ENTRY                                |
|---|------------------------|-------------|---------------------|--------------------|-------------|--|
| 11, 12, 13 October 2018. ENTRY FORM FOR ESNZ CLASSES ONLY   |                        |             |                     | GST Number:        |             | Entries will be accepted                           |
| Exhibitor's Name  |                        |             |                     | 10 -70             | 6 - 653     | by mail only on this entry form                    |
|   |                        |             |                     | s entry f          | orm may be  | or the ESNZ entry form                             |
|   | Post (                 |             |                     | photoc             | opied.      | PROVIDED THAT                                      |
|   | //                     |             | Yo                  | u may al           | so use your | details in bottom panel                            |
| IRD/GST Number:// (if entering Class 341)   |                        |             |                     | ESNZ forms.        |             | of ESNZ Form reflect                               |
|   | Phone:                 |             |                     |                    |             | this PB A&P Format                                 |
| EQUINE AND RIDE   | ER NAME AND REGIS      | TRATION NUM | IBERS Class         | s No               | Entry Fee   | Fax entries will not be                            |
|   |                        |             |                     |                    |             | Accepted.  |
|   |                        |             |                     |                    |             | Drugs  |
| Name of Horse / Pony  |                        |             |                     |                    |             | The attention                                      |
|   |                        | 7           |                     |                    |             | of exhibitors                                      |
| Reg. No. if applicable  |                        |             |                     |                    |             | is particularly drawn to the                       |
|   |                        |             |                     |                    |             | conditions relating to the                         |
| Name of Rider   |                        |             |                     |                    |             | Misuse of Drugs, and the                           |
|   |                        | 7           |                     |                    |             | intention of the Committee                         |
| Reg. No. if applicable  |                        |             |                     |                    |             | to undertake testing for                           |
|   |                        |             |                     |                    |             | forbidden substances.                              |
|   |                        |             |                     |                    |             |  |
|   |                        |             |                     |                    |             | Exhibitor Declaration                              |
|   |                        |             |                     |                    |             | Each exhibitor must                                |
| Name of Horse / Pony  |                        |             |                     |                    |             | supervise and control                              |
|   |                        |             |                     |                    |             | their animals at all times                         |
| Reg. No. if applicable  |                        |             |                     |                    |             | and shall be liable for any                        |
|   |                        |             |                     |                    |             | hazards created or                                 |
| Name of Rider   |                        |             |                     |                    |             | accident, illness or                               |
|   |                        | 7           |                     |                    |             | damage caused by the                               |
| Reg. No. if applicable  |                        |             |                     |                    |             | action of themselves or                            |
|   |                        |             |                     |                    |             | their animals at                                   |
|   |                        |             |                     |                    |             |  |
| Name of Horse / Pony  |                        |             |                     |                    |             | I accept the Association's                         |
|   |                        | 7           |                     |                    |             | indemnify the Association under                    |
| Reg. No. if applicable  |                        |             |                     |                    |             | the provisions of the Health and                   |
|   |                        |             |                     |                    |             | Safety at Work Act 2015                            |
| Name of Rider   |                        |             |                     |                    |             |  |
|   |                        |             |                     |                    |             |  |
| Reg. No. if applicable  |                        |             |                     |                    |             | My <b>signature</b> hereto                         |
| Stallions mus   | t ha in stallion haves |             | Sub Total Entr      | v Fees             | \$          | (on this entry form) and/<br>competition/s denotes |
| Stallions must be in stallion boxes Ground Levy – FREE SNZ J/SH Levy @ \$5.00 equine  |                        |             |                     | -                  | *           | my acceptance of the                               |
| Powered sites must be certified EQUINE not registered \$20  |                        |             | tered \$20 for Show | w                  |             | RAS Forbidden                                      |
| Entry form must be signed RIDER not registered \$10 per   |                        |             | red \$10 per day    |                    |             | Substance Rules and                                |
| Stabling requirements from Wednesday night to Sunday morning  |                        |             |                     |                    |             | Regulations and                                    |
| Stallion Boxes @ \$40.00ea  |                        |             |                     |                    |             | Conditions   |
| Covered Yards   | @ \$40.00ea            |             | Cat                 | alogue             | \$6.00      | PAYMENT OF FEES                                    |
| Open Yards  | @ \$15.00ea            |             | Stablin             | ng Fees            |             | Direct Credit: PB A&P                              |
| CAMPING FEES-Wednesday night to Sunday morning:   |                        |             |                     |                    |             | 06 0637 0120800 00                                 |
| Powered @ \$35 each<br>[LATE ENTRIES INCUR 50% PENALTY AFTER 23 SEPTEMBER] Total Entry Fees   |                        |             |                     |                    | ¢           | Code: <i>Equ</i>                                   |
| ILATE ENTRIES INCUR 50% PENALTY AFTER 23 SEPTEMBER]     Total Entry Fees Enclosed       Entries are to be posted to:     LOOK !!>>> |                        |             |                     |                    |             | MUST BE SIGNED!!                                   |
| The Secretary, PB A&P Association, PO Box 2186, GISBORNE 4040   |                        |             |                     |                    |             |  |
| Entries close: 23 September 2018  |                        |             |                     |                    |             |  |