

Auckland Agricultural Pastoral & Industrial Shows Board

P O Box 26014, Epsom Auckland, 1344. <u>www.eastershow.co.nz</u> Tax Invoice GST Registration No. 10478928 EQUESTRIAN

Section/s Entered:

On Line Entries available at <u>www.main-events.com</u>

Name of Animal	Rider or Handler's Name	Cleas Numbers to be Entered					Horse/Pony	Entry Fee		
		Class Numbers to be Entered			Registration Number	\$	С			
								-		
								-		
Date of Birth for Junior and Intermediate Riders as at 1 August										
I am a member of the following RAS Affiliated Breed Society				Late Entry – 25% penalty						
I agree, as a competitor in this Show, to any photographs taken of these YES / NO entries being used for any publicity purposes ORIGINAL HEIGHT CERTIFICATES ARE TO BE CARRIED WITH YOU ON SHOW DAYS All entries must be made in the name of the bona-fide owner of the exhibits hereinafter called the Exhibitor, and such exhibits must have been the property of the Exhibitor at the time of entry. Registered lessees of animals are permitted to enter under their own name. Cheques Payable to ASB Showgrounds. Please note the Section you are entering on the reverse.				A&P Membership (Optional – see Application Form)						
				Equestrian Catalogue of Entries (Optional \$10.00)						
				Stabling (see form)						
				Ground Fee \$15 per horse (Maximum \$30.00 charge)						
Internet Banking - Auckland A,P & I Shows Board, ASB 123244-0002882-01. State full name and which section you are entering eg. Your Name 'Equestrian Entries' as Reference.					Administration \$5.00 per horse					
					TOTAL PAYABLE					
EXHIBITOR DECLARATION: I hereby make the above entries subject to the Rydows, Rules & Regulations of the Augkland					IRD No.					

Exhibition Decentration. Thereby make the above entries
subject to the Bylaws, Rules & Regulations of the Auckland
Agricultural, Pastoral & Industrial Shows Board , Auckland
Agricultural & Pastoral Association & RAS included herein as if.
I accept the Conditions of Entry and indemnify the Association
under the provisions of Health and Safety at Work Act 2015 and
its subsequent amendments. I have read, accepted and will
abide by the Conditions and Regulations as printed in this
Schedule of Classes.

Date:

Signed:

Exhibitor Name		IRD No.				
Address					Postcode	
Telephone		Membership No.	Email			
Bank Account Na	Bank Account Name Bank Account Number					