

NZ National Horse and Pony Show Association

FORM # NZNHP SCRATCH 2021 - SCRATCH REQUEST

Competitor Name

Competitor Details

Address

Address

Phone

Email

Horse / Pony

Rider / Handler

Scratch from whole show

Scratch from classes

Reason for scratching



Doctors Certificate Attached

Farriers Certificate Attached

Vets Certificate Attached

I (name)

have read clause 6 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

Signed

Date