

NZ National Horse and Pony Show Association

FORM # NZNHP REFUND 2021 - REFUND REQUEST

Competitor Name

Competitor Details

Address

Address

Phone

Email

Bank Account Name

Bank Account Number

Horse / Pony

Rider / Handler

Reason for refund request



Doctors Certificate Attached

Farriers Certificate Attached

Vets Certificate Attached

I (name)

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

Signed

Date