| CENTRAL HAWKE'S BAY A & P ASSOCIATION Horse & Pony Entry Form | | | | HORSE ENTRY FORM | |
|---|---------------------------------|-------------------|--|---|--|
| Exhibitors Name: | | | | | |
| Address | | , | | | |
| | | _ | the Conditions of Entry to be eligible | | |
| | | | for entry. | | |
| Telephone Fax | Email | | | Conditions of Entry | |
| HORSE / PONY DETAILS | | Class No | Entry Fee | Entries will be accepted | |
| | | | | on this entry form or the | |
| Name of Horse/Pony | | | | ESNZ entry form and only | |
| | | | | by mail. | |
| | | | | Fax entries will not be | |
| Name of Rider | | | | accepted | |
| | | | | | |
| | | | | <u>Drugs</u> | |
| Reg No Animal Reg No Rider | | | | The attention of exhibitors | |
| | | | + | is particularly drawn to the | |
| | | | + | conditions relating to the misuse of Drugs , and the | |
| Name of Horse/Pony | | | | intention of the Committee | |
| | | | | to undertake testing for | |
| | | | | forbidden substances. | |
| Name of Rider | | | | | |
| | | | | Exhibitor Declaration | |
| | | | | Each exhibitor must | |
| Reg No Animal Reg No Rider | | | | supervise and control | |
| | | | | their animals at all times | |
| | | | | and shall be liable for any | |
| | | | | hazards created or | |
| Name of Horse/Pony | | | | accident, illness or | |
| | | | | damage caused by the | |
| Name of Didor | | | | action of themselves or | |
| Name of Rider | | | _ | their animals at the | |
| | | | | showgrounds. I accept the Association's | |
| Reg No Animal Reg No Rider | | | | conditions of entry and | |
| | | | | indemnify the Association | |
| | | | | under the provisions of | |
| Yards | Sub Tot | al Entry Fees | | the Health and Safety in | |
| | | ard Fees \$10 eac | h | Employment Act 1992 | |
| Number of Horses/Ponies | [| Dressage Levy \$1 | 2 | and any amendments | |
| | | mbership Sub \$2 | | there after. | |
| Gender of Horse (s) | | Levy \$7.00 Each | ו <mark>ב</mark> | | |
| | Catalog | gue \$5.00 Each | | My signature hereto | |
| Required for Nights | | | | (on this entry form) and/ | |
| Arriving | Tota | al Fees Enclose | d \$ | or participation in the competition/s denotes | |
| · · · · · · · · · · · · · · · · · · · | 1.512 | | ~ * | my acceptance of the | |
| Enter number required CAMPING YES / NO | | / NO | RAS Forbidden | | |
| Yards \$10 each | Yards will only be allocated to | | | Substance Rules and | |
| | | se staying on the | Regulations and | | |
| Boxes \$10 each at Racecourse | | others go to rac | - | Conditions | |
| Post all entries to: CHB A & P Associatio | n Dhono | (06) 8588360 | | Ciamod. | |
| Post all entries to: CHB A & P Association Phone (06) 8588269 P O Box 257 Fax (06) 8588271 | | | | Signed: | |
| Waipukurau 4242 email: <u>chbap@xtra.co.nz</u> | | | | | |
| Entries close 5pm We | | | 10 | | |