

# LE GODIMO HORSE TRIALS - 22 & 23 November 2014

**ENTRIES CLOSE: 10th NOVEMBER 2014**

**Please confirm receipt of entries**

Email: [zjip@liftmaster.co.za](mailto:zjip@liftmaster.co.za)

Fax: 086 521 8801 - With proof of payment.

Class	Horse/Pony	Horse SAEF Registration & PASSPORT NUMBER	Flu Vac	Age	Owner/Rider	Rider SAEF Reg. & ID NUMBER	Fee

Schedule ESA approved 02/10/2014

Stabling @ R150 per horse	
Camping @ R100 for weekend	
Programme @ R10.00	
<b>TOTAL</b>	

NAME: .....

PHONE NO: .....

YOUNG RIDER (16-21YRS) NAME: .....

EMAIL: .....

DATE OF BIRTH: .....

I declare that all the particulars are true and agree that if the said particulars are incorrect my entries will be rejected by the show holding body and I will forfeit my entry fee.  
I agree that I am bound by the relevant rules of SAEF and ESA.

**DISEASE** - the competitor undertakes not to bring any horse to the show which has an infectious disease, whether notifiable or not, or which horse the competitor could reasonably be expected to know has an infectious disease. the competitor undertakes to withdraw the horse from the event (with forfeiture of the entry fee), if sunsiquent to entry it should develop or should circumstances arrise under which the competitor can reasonably be expected to know that the horse has developed or may develop, any such disease of ability to spread such disease.

**SIGNATURE:** \_\_\_\_\_

**Qualifying Results: (Rule 42.2.1)**

Class 10 - 14 Fill in 2 QR (i.e. no cross country jumping penalties)

Class 15 - Fill in 3 QR

Horse/Pony \_\_\_\_\_ Event \_\_\_\_\_

Date \_\_\_\_\_

Result: \_\_\_\_\_

Horse/Pony \_\_\_\_\_ Event \_\_\_\_\_

Date \_\_\_\_\_

Result: \_\_\_\_\_

Please supply name and cell number if anyone can help at the show.

NAME: \_\_\_\_\_

NUMBER: \_\_\_\_\_