



2014 SA JUNIOR CHAMPIONSHIPS ENTRY FORM

PLEASE NOTE THAT YOU MAY ONLY ENTER ONE HORSE PER DISCIPLINE PER ENTRY FORM!



CLOSING DATE	CLASS	NAME OF HORSE	OWNER	RIDER	ENTRY FEE
FRIDAY					
7 NOVEMBER '14					

AHS	DATE	BATCH	EQUINE FLU	DATE	BATCH	PASSPORT NUMBER
AHS 1			LAST TWO			
AHS 2			LAST TWO			

COMPETITOR'S SHOW LEVY @ R150					
GROUND LEVY @ R100 PER HORSE					
TEMPORARY FACILITY FEE FOR ALL NON MEMBERS OF PE RIDING CLUB @ R120					
DATE OF ARRIVAL ___/12/2014		BRICK R1150 / WOODEN R1 000 /TEMPORARY R850 (please specify)		STABLING FOR DURATION OF SHOW	
PRINTED PROGRAMMES @ R50					
YEAR OF BIRTH OF HORSE:					
SHOWING NUMBER DEPOSIT @ R50					
SEX OF HORSE:					
ENTERTAINMENT @ R150 PER PERSON					
BREED OF HORSE:					
SA CHAMPS BRANDED T-SHIRT @ R120 (Please indicate S/M/L)					
PE Riding Club Standard Bank A/C: 08 039 4736 branch code: 05 00 17					TOTAL

COMPETITOR'S NAME:	TOWN:
EMAIL ADDRESS:	CELL NO:

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 or may spread an infectious disease. The competitor undertakes to withdraw the horse from the event (with forfeiture of entry fee) if subsequent to entry it should develop, or should circumstances arise under which the competitor can reasonably be expected to know that the horse has developed or may develop, any such disease or the ability to spread such disease. SAEF, the Port Elizabeth Riding Club, the Sponsors, the Organizers and any Officials appointed by these bodies, shall in no way be held responsible for any damage, loss or injury sustained by owners, competitors, members of the Public or any other person or persons or their property at the Port Elizabeth Riding Club for the duration of the show. I hereby certify that I have read and understood the rules governing this show and am aware of all SAEF, Discipline & PERC rules and agree to abide by them.

SIGNATURE:DATE Fax: 0862660377 Email: peridingclub@telkomsa.net

STAMP AND SIGNATURE OF REGIONAL BODY:

THE ORGANISERS WOULD LIKE TO ENCOURAGE COMPETITORS TO FILL IN THE FORM BELOW AND HAVE IT LAMINATED TO PASTE ON YOUR STABLE DOORS AT THE SHOW. THIS WOULD HELP ANYONE TO CONTACT YOU QUICKLY IN CASE OF EMERGENCY. **PLEASE DO NOT SEND THIS FORM BACK TO US IT IS FOR YOU PERSONAL USE ONLY**

HORSES NAME _____

RIDERS NAME _____

PARENTS/GUARDIANS NAME _____

CELL NUMBER _____

GROOMS NAME _____ GROOMS CELL NUMBER _____

IF YOU HAVE A PREFERANCE TO A LOCAL VET PLEASE SUPPLY THEIR DETAILS BELOW

VETS NAME _____

VETS CONTACT NUMBER _____