



FOURWAYS RIDING CENTRE ENTRY FORM 7th NOVEMBER 2015

TO BE COMPLETED BY FOREIGN RIDERS. PLEASE STATE YOUR COUNTRY GROUP CODE

ENTRIES CLOSE SUNDAY 25TH OCTOBER 2015

Rider Passport Details	Horse Passport Number	Horse SAEF number	Class	Fee
Rider Name	Horse/Pony Name			
Programme			R10.00	
Total				

NAME _____

ADDRESS _____

PHONE NO _____ CELL NO _____

EMAIL ADDRESS _____

NAME OF CLUB YOU BELONG TO _____

I DECLARE THAT THE ABOVE 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 FEES. I AGREE THAT I AM BOUND BY THE RELEVANT RULES OF SAEA AND GHS.

SIGNATURE _____

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 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, such disease or ability to spread such disease.