**ULWAZI FARM CROSS COUNTRY TRAINING DAY**

 Sunday, 24th July 2016

 **CROSS COUNTRY TRAINING ENTRY FORM**

*Closing Date:* Monday, 4th July 2016 *Bank Details:* FNB

*Payable to:* Ulwazi Farm *Branch Code:* 220725

*Fax to:* 0880333434037 *Account No:* 62061640564

*E-mail:* scottaylor@iuncapped.co.za *Reference:* Rider’s Name

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Class |  Rider | Ad/Jun/Child |  Flu Vaccination |  Horse |  Fee |
| Batch# | Date  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|   |  |  |  |  |  |
|  Horse Passport No. | TOTAL |  |
| Rider’s ID No.  |
| Name: |
| Address: |
|  |
| Tel: (H)  | (O) | Fax: |
| Cell: | E-mail: |

1. I hereby confirm that the Ulwazi Farm, Eventing South Africa and Kwanyoni Farm property owners, organizers, officials and

 Helpers, accept no responsibility for and cannot be held liable for any loss, damage, death or injury to people, horses or

 Property whatsoever resulting directly or indirectly from the above event. **All Participants take part at their Own Risk.**

2. I agree to the Rules and Regulations set out in the Schedule and Entry Form and verify that the Equine Flu Vaccination has been

 administered as stated above.

3. I undertake not to bring any pony/horse which has any infectious disease onto the premises by withdrawing from the event and

 forfeiting my entry fee.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_