## GEORGE RIDING CLUB JULY EVENTING ENTRY FORM

Email:

## **ONE HORSE PER ENTRY FORM**

(If under 18, signature of guardian)

MAIL ENTRIES: <a href="mailto:admin@georgeridingclub.co.za">admin@georgeridingclub.co.za</a> or fax <b>086 619 6965</b> BANK DETAILS: <a href="mailto:ABSA BANK 4047631113">ABSA BANK 4047631113</a> Branch code 630114						Horse's name:	
<i>5, 5 2</i>		GEORGE RIDING GLUB				Passport number:	Horse's Height:
CLASS	RIDER		GRADE	ENTRY FEE	-	Owner:  Equine Flu Vaccines Date & Batch:	
					Horse Sickness Vac	ccines Date & Batch	
SUBTOTAL:						(ii)	
PROOF OF PAYMENT <u>MUST</u> BE SENT WITH  ENTRY		Temp. Membership for all non members of GRC residing <u>within</u> a 200km radius of George for duration of the show - R200.00					
		STABLING IN SHOW STABLES - R 150 FOR DURATION OF THE SHOW			the GRC., Es	y confirm, as a Member or Temporary Member, that I will not hold the Organs ESA, SAEF, nor their Officials responsible for any loss, damage, theft, death as an animal or property or anything appertaining to the show. I understand or sand spectators take part entirely at their own risk. 2. I agree to the Rules	
		Camp Site – R100.00 for show		Regulations	ons as set out in the Schedule and Entry Form and verify that the Equine Flu & Al ons have been administered as stated above. 3. I undertake not to bring any		
		GRAND TOTAL:					rated above. 3. I undertake not to bring any use onto the premises by withdrawing from the
Con	npetitor's na	me:		(Print)	vent and forf	eiting my entry fee.	