



ENQUIRIES: MARION 083 275 8278

PAUL HART 083 957 7807

Booking Form

“PAUL HART EVENTING CLINIC”

Name and Surname : _____

Email Address : _____

Contact Numbers : _____

TIMES AND HEIGHTS	SATURDAY /SUNDAY 24 TH & 25 TH SEPTEMBER 2016	R400.00 per Horse/Rider combination	Amount
8.00AM 60CM			
9.30AM 70CM			
11.00AM 80CM			
1.30PM 90CM			
3.00PM 100CM			

**** Catering will be available from the tuckshop****

Direct Deposits to :

Bank: First National Bank, Account name: Fourways Riding Centre CC, Branch: Fourways, Branch code: 251655, Account number: 62131077770

Places on courses are secured only upon receipt of a completed registration form as well as proof of payment. Fax number: 086 604 2882 or by email to riding@global.co.za

Indemnity :

All persons participating do so at their own risk and will have no claim against Fourways Riding Centre nor Fourways Equestrian Club, including any officials, employees or representatives for any damage or loss of property or death or injury of persons suffered during or in connection with this event from any cause whatsoever. No minor may participate without the permission of his/her guardian, who indemnifies Eventing SA and Gauteng Eventing (including all such other persons and bodies) against any such claims by such minors.

No horses may be brought onto the property with any contagious diseases and/or without their inoculations being up to date.

Signed: _____