**Ulwazi Farm Stabling Form – 2017**

EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RIDER’S NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STABLE WITH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIAL REQUESTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Horses Name | Stallion/Mare/Gelding | Nights required  (Fri/Sat/Sun) |  | Cost R250 for Wkd |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Flu Vac 1 | Date: | Batch: |  |  |
| Flu Vac 2 | Date: | Batch: | Total |  |

Approximate Time of arrival (Stables open 1pm Friday and Close 10am Monday) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GROOM’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I hereby confirm that I will not hold the organiser’s, Ulwazi Farm, nor the officials responsible for any loss,

theft , death or injury to any person, animal or property or anything pertaining to the Show. I understand that

all competitors and spectators take part entirely at their own risk.

2. I agree to the Rules and regulations as set out in the Schedule and Entry Form and verify that the Equine Flu

Vaccinations have been administered as stated above.

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

from the Event and forfeiting my entry fee.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Guardian if under 18 years of age)

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Email the completed form to [scottaylor@iuncapped.co.za](mailto:scottaylor@iuncapped.co.za) together with proof of payment.

Banking details : Ulwazi Farm

FNB

Branch Code: 220725

Account No. 62061640564

Riders Name as reference