**SHOW ENTRY PROTECTION PLAN APPLICATION FORM**

Premium to be paid into the following bank account by closing date of show:

Sunshine Coast Eventing

Bank: Investec

Branch Code: 580105

Account No. : 50011114641

Reference: SEPP + your Surname

**Email your Application Form with supporting documents to** **abca@agnet.co.za**

|  |  |
| --- | --- |
| **Riders Name** |  |
| **Horses Name** |  |
| **Class Entered** |  |
|  |  | **FEES PAID** | **TOTAL** |
|  | Entry fee paid | R |  |
|  | Levies paid | R |  |
|  | Holding Pen | R |  |
| **TOTAL PAID TO SHB** | This excludes accommodation, meals etc. |  | **R** |
| **PREMIUM PAID** | @ 5% of total paid |  | **R** |

|  |  |
| --- | --- |
| **Rider Cell Number** |  |
| **Rider email address** |  |
| **Rider Address** |  |
| **MY BANKING DETAILS IN THE EVENT OF A PAYMENT** |  |
| **Bank & branch code** |  |
| **Account no.** |  |

I have read the Rules and Regulations. I understand that I must submit a Claim Form within 7 days after close of show with a report or account that details the nature of the health issue/injury to substantiate my claim for a refund of entry fees. I accept that my claim will be reviewed by the ECEA committee and that, in the event they approve my claim, I will receive payment 7 days after submission of my approved claim.

Rider/Parent Signature Date