



The Fourways Riding Centre

Proudly presents the

The Stepping Stones Super League Series 2024



ARCO 360
Insured Animal Vitality

www.arco360.co.za

STADIUM EVENTING LEG 2 SAT 20TH APRIL 2024



**DANI EQUESTRIAN
ESSENTIALS**

TWO LEVELS MAY BE ENTERED PER HORSE/RIDER COMBINATION

2 ARENA'S MAY BE USED DEPENDING ON THE NUMBER OF ENTRIES RECEIVED

(Including SANESA classes. Separate schedule on SANESA website)

ENQUIRIES	EMAIL	BANK DETAILS
Fourways Equestrian Centre Office 083 265 8278 Marion 083 275 8278	Fourways Equestrian Centre Email riding@global.co.za	Bank: First National Bank Account name: Fourways Equestrian Centre Branch: Fourways Mall Branch code: 251655 Account number: 56350022640 REF: 20/04RIDER

ENTRIES CLOSE: TUESDAY 16TH APRIL 2024

Entry fees: 1 Round @ R300
2 Rounds @ R450

(Same Horse rider combination only)

LATE ENTRIES MIGHT BE ACCEPTED AT AN ADDITIONAL COST OF R50.00 EACH

PRIZES: ROSETTES FOR 1 IN EVERY 3 ENTRIES

DATE	CLASSES	CLASS DETAILS
<i>HEIGHTS GIVEN ARE FOR THE CROSS COUNTRY FENCES. SHOWJUMPING WILL BE 5CM HIGHER, AS PER EVENTING RULES</i>		
SAT (Rose Arena)	1 Pony Rider EV65	Heights 65cm (+ 12 efforts) Length ± 450m
	2 Junior EV65	
	3 Adult EV65	
SAT (Rose Arena)	4 Pony Rider EV75	Heights 75cm (+ 12 efforts) Length ± 500m
	5 Junior EV75	
	6 Adult EV75	
SAT (Rose Arena)	7 Pony Rider EV85	Heights 85 cm (+ 14 efforts) Length ± 550m
	8 Junior EV85	
	9 Adult EV 85	
SAT (Rose Arena)	10 Pony Rider EV 95	Height 95 cm (+ 16 efforts) Length ± 600m
	11 Junior EV95	
	12 Adult EV95	
SAT (Rose Arena)	13 Junior ONE STAR	Height 1* (±20 efforts) Length ± 750m
	14 Adult ONE STAR	

**FOURWAYS EQUESTRIAN CENTRE
DAY PADDOCK FORM R100.00 OR
STABLING FORM R200.00**

PLEASE FILL THIS FORM IN IN FULL

Banking Details:

Fourways Equestrian Club

First national Bank

Account Number 56350022640

Branch Code 251655

Fourways Mall

EMAIL TO: riding@global.co.za

PLEASE PRINT CLEARLY

NAME:

ADDRESS:

TEL.

NO's:

Work:

Cell:

E-MAIL:

SAEF PASSPORT NUMBER OF HORSE:

IDENTIFICATION OF HORSE:

NAME OF HORSE	STALLION/ GELDING/ MARE	STATE DAYS REQUIRED (please fill in date of arrival and departure)		TOTAL AMOUNT
TOTAL				
Groom's Name:			Cell No:	