

# Flaxbourne Agricultural & Pastoral Association

## ANNUAL SHOW ENTRY FORM

**NOTE: CLOSING DATE ON SCHEDULE**

**NO LATE ENTRIES ACCEPTED**

**WRITE ON THIS COPY — Detach Bottom Copy for your record.  
Financial Members Only entitled to reduction in Entry Fees.**

| Section | Class | No. of Entries | Entry Fees<br>\$ c |  | HORSE'S NAME or Description of Exhibit | Name of Exhibitor or Rider |
|---------|-------|----------------|--------------------|--|--|----------------------------|
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |
|         |       |                |                    |  |  |                            |

**HEIGHT PERFORMANCE CARD No.:** .....

**Off Site Overnight Horse Accommodation Required**  **On Site Horse Yard - \$10 per night** \$ \_\_\_\_\_

Name & Mr  
Address Mrs .....  
of Miss

Exhibitor .....  
**(PLEASE PRINT)** ..... Post Code .....

Phone No: ..... Email: .....

**EXHIBITOR DECLARATION:**

- i. This is a legal document. The owner/parent/guardian signing or authorising the entry must be 18 years of age or older.
- ii. The attention of exhibitors is particularly drawn to the conditions relating to the misuse of substances and the intention of the Committee to undertake testing of forbidden substances.
- iii. Exhibitor Declaration: The submission of my entries and/or participation in the competition(s), either written or by electronic means, donates that I have read and accepted the RAS and Host Association Rules & Regulations and the Association's Conditions of Entry. This also indemnifies the Host Association under the provisions of Health and Safety at Work Act 2015, and any amendments.

**Signed:** .....

EMAIL OR POST **TOP COPY** TO: SECRETARY, Mrs B. GILMORE, 6 LOGAN PLACE, BLENHEIM 7201. flaxbourneshow@gmail.com  
**ENTRY FEES MUST ACCOMPANY THIS FORM OR PAID TO ASSOCIATION BANK ACCOUNT.**  
**NO RECEIPTS ISSUED UNLESS REQUESTED.**

BACK NO.  
\$2 PER HORSE/PONY .....

\$3 HORSE CATALOGUE .....

\$5 RIDER LEVY .....

SUBSCRIPTION .....

ENTRY FEES .....

SPONSOR A/C .....

TOTAL .....

CASH .....

DIRECT CREDIT (BNZ 02-0600-0022094-00) .....