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 $	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, per horse $**_____

Name & Address of Exhibitor **(PLEASE PRINT)**

Mr
Mrs .....
Miss
.....
..... 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, denotes that I have read and accepted the RAS and Flaxbourne A&P Assn Rules & Regulations and the Association's Conditions of Entry. This also indemnifies the Flaxbourne A&P Assn under the provisions of Health and Safety at Work Act 2015, and any amendments.

Signed: .....

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

HORSE CATALOGUE .....
$3 PER CATALOGUE

RIDER LEVY .....
$5 PER EQUESTRIAN COMPETITOR

MEMBERSHIP .....

ENTRY FEES .....

SPONSOR A/C .....

TOTAL .....

CASH

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

Reference - Your name
Only Members receive gate passes.

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.