



DRESSAGE
NEW SOUTH WALES

Dressage NSW Entry Form - Clarendon Event

Conducted by Dressage NSW Inc - ABN: 97 482 552 442

Upon payment this form will become a TAX INVOICE for GST purposes.

Please retain a copy for your records.

Event Date:			
Place horse/owner detail sticker here If you do not have EA stickers, please provide the following details. Horse EA No: Horse Name: Bridle No: Owner EA No:..... Owner name: Address: Tel: Mob:		Place rider detail sticker here If you do not have EA stickers, please provide the following details. Rider EA No: Rider Name: Address: Tel: Mob:	
Microchip #	Bridle Number:	Grading points:	Entering competition number/s:

Total competitions entered: \$ Entry fee per test	= Total Entry Fees, inc. GST	\$
Stabling: DNSW accepts no responsibility for the condition or state of repair of the stables. Specify nights horses will be on the grounds: M T W T F S		N/A
* Camping: Cost \$12 per night. Specify nights camping on the grounds: M T W T F S		\$
Admin. Fee: Compulsory and non refundable		\$ 5.00
TOTAL FEES inc. GST		\$

* Failure to camp without booking and paying may result in entries not being accepted in the future.

Dressage NSW Events: If oversubscribed, I am happy to ride on grass arenas: YES/NO

Email contact details: _____

Name for posting of Draw:

I would prefer to receive draw on email: Yes/No I am happy to download draw from DNSW web site: Yes/No

I would like to receive a hard copy of the draw by mail: Yes/No

Other information as required by Organising Committee: eg. DOB; Junior/Young Rider/Senior Rider/Pony etc

I can help out OR can nominate a friend/relative as **Gear Steward** or **Pencilling, test paper collection, hospitality** or (please circle if you can assist in one of these areas) – Name of friend/relative _____ Tel: _____

Tick box if you have a current First Aid Certificate and would be happy to be on call in case of an emergency

Note: A **Release and Waiver of Liability** is no longer required for each event as it is covered with competitors **ENSW membership**.

RULES and REGULATIONS: I agree to abide by the conditions of entry and rules and regulations as set down for the conduct of a dressage event.

Name: Signature:

Date: Please make cheques payable to Dressage NSW

Send to: Clarendon Events, Dressage NSW Inc., **PO Box 975**, RICHMOND, NSW, 2753

For Dressage NSW Events – Credit Card payments

Please charge my: Visa Master for \$..... Paying for DNSW entries on:

Card No: _____ Expiry Date: ____/____

Full Name on Card:Cardholder's signature: