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 be become a TAX INVOICE for GST purposes.
Please retain a copy for your records.

Event Date:							
Comp No	Bridle No	Grading Pts	Horse's Name	Horse's EFA No	Rider's Name	Rider's EFA No	Entry Fee
Microchip #: *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
Admin Fee: Compulsory							$5.00
TOTAL FEES inc. GST							$

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

Owner Details: Mr/Mrs/Miss/Ms E.A. Number:

Name for Draw:

Address for Draw:

Post Code: Tel: ( ) AH ( ) BH

Email: Mobile: Fax:

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, collect test papers, 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 **EFA 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 ***Note New PO Box***

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: .....