

HORSE RIDING CLUBS ASSOCIATION OF VICTORIA INC.**CROSS COUNTRY COURSE ACCREDITATION**

To be completed by Event Secretary for information of XC Course Accreditor

TO: (COURSE ACCREDITOR) _____

Thank you for accepting the appointment of Cross Country Course Accreditor for our forthcoming Horse Trials event.

NAME OF CLUB: _____

VENUE ADDRESS: _____

MELWAYS REF: _____

EVENT: _____

EVENT DATE: _____

CLUB CONTACT:

Name: _____

Address: _____

Phone No: BH: _____ AH: _____

Fax: _____ Mobile: _____

Email: _____

Date Course available for first inspection: _____

Note: **Refer Appendix 3 CT/HT Rules for Accreditation Procedure.**