


HORSE RIDING CLUBS ASSOCIATION of VICTORIA INC.
TEAM ENTRY FORM
Summary of entry details. Attach Standard Entry form for each rider. Use for all Official HRCav Team Events. One TEAM only per form.

EVENT:									
TEAM COORDINATOR DETAILS (Team coordinator will be registered as the point of contact for communications from Event Organisers and is responsible for conveying information to team members)									
NAME:			ADDRESS:				POSTCODE:		
PHONE NO: BH:			AH:		EMAIL:				
CLUB NAME:					TEAM NAME:			TEAM PRIORITY:	
	HRCav NO:	RIDER NAME:	Age if Under 18 Yrs	HORSE HEIGHT (Showing)	HORSE'S COMPETITION NAME:	MEMBER'S PHONE NO:	LEVEL Entering	*Dressage Level:	FEES:
1									\$
2									\$
3									\$
4									\$
*NOTE: Riders' Dressage Levels must be recorded on entry for CT or HT events.					Please use separate Stable/Yard Booking Form, if these facilities are available (as stated on the Program).				
The following rider/s are ineligible to compete under judge/s named on attached individual entry form/s (circle): Rider no. 1 2 3 4 EMERGENCY CONTACT (DAY OF EVENT): NAME: _____ PHONE: _____					No. of People attending the Dinner/Function:				\$
					Medical levy (Jumping disciplines and TTT events only)				\$
					Facility fee (if applicable)				\$
					Team Fee:				\$
					TOTAL FEES:				\$
VOLUNTEER HELPER INFORMATION (if applicable):					VOLUNTEER HELPER INFORMATION (if applicable):				
NAME:			Age if under 18 yrs:		NAME:			Age if under 18 yrs:	
ADDRESS:			P/CODE		ADDRESS:			P/CODE	
PHONE NO: BH:			AH:		PHONE NO: BH:			AH:	
			email:					email:	
Areas of Experience (eg. CC Jump Judge, Penciller, Scorer, etc)					Areas of Experience (eg. CC Jump Judge, Penciller, Scorer, etc)				

President or Secretary to sign below to indicate Club endorsement of team entry.

Name: _____ SECRETARY/PRESIDENT (Delete as applicable) Signature: _____ Date: ____ / ____ / ____