

HORSE RIDING CLUBS ASSOCIATION OF VICTORIA INC

COMPETITOR RETURN SLIPS
Example

(CLUB NAME)

Thank you for your entry to our **(Event Name)** to be held at **(Grounds Address)** on the **(Date)**.

We wish to advise you of the following details: **(amend as appropriate)**

The time for your Dressage Test Level _____ will be _____ in ring _____

The time for your Dressage Test Level _____ will be _____ in ring _____

The time for your Showjumping will be _____

Your Cross Country Time is _____

Your back number for the day is _____

Please present for gear check at least 20 minutes prior to your scheduled time for each phase.

We wish you every success and a happy day of competition.

Regards,

_____ Name _____

Secretary

Phone _____

(CLUB NAME)

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