


**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)

<b>NAME:</b>	<b>ADDRESS:</b>	<b>POSTCODE</b>
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<b>PHONE:</b>	<b>EMAIL:</b>
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<b>CLUB:</b>	<b>TEAM NAME:</b>	<b>TEAM PRIORITY:</b>
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	HRCav NO	RIDER NAME	AGE IF UNDER 18	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 & HT events*

<i>Rider/s ineligible to compete under Judge/s named on attached individual entry form/s:</i>  <b>Rider:    1            2            3            4            5</b>	No of people attending dinner/function:	
	Medical Levy (Jumping disciplines & TTT only)	
	Facility fee (if applicable)	
	Team Fee	
<b>TOTAL FEES:</b>		

Please use separate Stable/Yard Booking Form if facilities are available (as outlined in Program)

<b>EMERGENCY CONTACT:</b>	<b>PHONE:</b>
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**VOLUNTEER HELPER INFORMTION (If applicable)**

<b>NAME:</b>	<b>AGE IF UNDER 18:</b>	<b>NAME:</b>	<b>AGE if under 18:</b>
<b>ADDRESS:</b>		<b>ADDRESS:</b>	
<b>PHONE:</b>	<b>EMAIL:</b>	<b>PHONE:</b>	<b>EMAIL:</b>
<b>EXPERIENCE</b> (eg. CC Jump Judge/Penciller/Scorer):		<b>EXPERIENCE</b> (eg. CC Jump Judge/Penciller/Scorer):	

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

<b>NAME:</b>	<b>SECRETARY</b>	<b>PRESIDENT</b>	<b>Signature:</b>	<b>Date:</b>
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