



STANDARD ENTRY FORM

For all Official HRCav Events - ONE HORSE ONLY PER ENTRY FORM

EVENT:									
RIDER NAME:						AGE (If under 18 years)			
CLUB NAME:						MEMBERSHIP CARD #:			
ADDRESS:							POSTCODE:		
EMAIL:						PHONE:			
HORSE'S COMPETITION NAME:									
Level Entering			Dressage level (DR, CT & HT entries)						
<i>I wish to compete one level lower than my current level with the application of penalties (jumping disciplines only).</i>						My current level for this discipline			
<i>I am ineligible to compete under the following judge as it would be in breach of either Dressage Rule 4.9 or Showing Rule 4.4:</i>						JUDGE'S NAME:			
<i>I have been granted an HRCav rule exemption. Copy of exemption certificate attached.</i>									
YARD (if avail)	YES	STRAW (if avail)	YES	STABLE (if avail)	YES	CAMPING (if avail)	YES	DINNER /FUNCTION	YES
	NO		NO		NO		NO		NO
ENTRY INFORMATION:									
Section/Class:			Competition:				Fees		
							\$		
							\$		
							\$		
							\$		
			Stable, Straw, Yard, Camping				\$		
			Dinner/Function				\$		
			Medical levy – if requested (jumping disciplines or TTT events)				\$		
			Facility fee (if applicable)				\$		
							TOTAL FEES		
							\$		
TRACING DETAILS & DESCRIPTION OF HORSE									
Description		HEIGHT		COLOUR		BRANDS		SEX	
Address or PIC no. of property horse will originate from									
Address or PIC no. of property horse will return to									
VOLUNTEER HELPER INFORMATION (if applicable)									
Name:			Phone			Email			
Address:									
EMERGENCY CONTACT INFORMATION									
Name				Relationship			Phone		

I understand and agree to abide the Rules and Regulations of the Horse Riding Clubs Association of Victoria Inc. and the Conditions of Entry as stated on the Official Program. I understand that due to diseases such as equine influenza, government bodies may restrict or prevent the movement of horses, vehicles and personnel for a period of time ('standstill'). I acknowledge and agree that a standstill is a risk of participation in the event/activity and agree that I will pay any costs or expenses incurred by the organising committee for or on behalf of my horses as a result of a standstill.

I certify that I am fit to compete

Signature of Rider: _____ **Date:** _____
(or Parent/Guardian if rider under 18years)