



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
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PHONE:	EMAIL:
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CLUB:	TEAM NAME:	TEAM PRIORITY:
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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*

Rider/s ineligible to compete under Judge/s named on attached individual entry form/s:

Rider: 1 2 3 4

I certify that I am fit to compete - Tick Box below

Rider: 1 2 3 4

No of people attending dinner/function:

Medical Levy (Jumping disciplines & TTT only)

Facility fee (if applicable)

Team Fee

TOTAL FEES:

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

EMERGENCY CONTACT:	PHONE:
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VOLUNTEER HELPER INFORMTION (If applicable)

NAME:	AGE IF UNDER 18:	NAME:	AGE if under 18:
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ADDRESS:	ADDRESS:
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PHONE:	EMAIL:	PHONE:	EMAIL:
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EXPERIENCE (eg. CC Jump Judge/Penciller/Scorer):	EXPERIENCE (eg. CC Jump Judge/Penciller/Scorer):
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President or Secretary to sign below to indicate Club endorsement of team entry.

NAME:

SECRETARY

PRESIDENT

Signature:

Date: