



A&A' Show Entry Form

One Entry Form Per Horse, Rider/Handler Combination

Ribbons to 3rd Place, Placings to 6th

Show Date: _____

Competitor Number	_____
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Horse's Name: _____

Breed Society _____ Age: _____ Registration No. _____

Rider/Handler Name _____ Membership No. _____

Owner's Name (If different from above) _____ Membership No. _____

Club or Affiliate Club: _____ Membership No. _____

CLASSES							

DO YOU HOLD A FIRST AID CERTIFICATE YES / NO

Total @ \$12 per class

Sub Total
\$ _____

Administration Fee - 1st horse \$10
2nd horse \$ 1 0

Leave blank if not required.

Day Membership \$20

Back Number deposit

\$5

TOTAL DUE

\$ _____

Current Membership Card, Youth Membership Card or Amateur/Select Amateur Permit Cards shown?

Yes / No
Please circle

Payment can be made by Bank Transfer (payable to SWPC) or Direct Deposit to
Commonwealth Bank BSB: 064-400 Acc: 1033 6922 with name as reference.

Please include bank receipt for payment with entries if paying by direct deposit.

Scan and email nominations to showsswpc@hotmail.com

HORSE HEALTH & DECLARATION	PIC No: _____
Address of where horse resides : _____	
I hereby declare that the above horse has not shown any signs of sickness in the 48 hours prior to this event and that I have read the rules and conditions of entry and hereby release the said Association from any claim or loss to myself, employee, horse and equipment.	

Competitor Name: _____ **Signature:** _____

Youth Competitor - This section MUST be completed for all Youth competitors

I hereby permit _____ to compete in the above show. Youth DOB _____

Name of Parent/Guardian *Name of Youth* _____ Signature _____