

Entry Form

Wil Enzinger & Emily Anker

Eventing Clinic Jan24th and 25th 2019

I wish to participate in the two day clinic with Wil & Em on the 24th and 25th of January 2019.
I understand that a parent/ guardian must be present while riding.

Rider Name: -----

Rider Age: -----

Address: -----

Phone: -----

Email address (if you have one): -----

Mount: -----

Club: -----

Horse Trials Grade: Grade: -----

Clinic Fee: \$-----

Camping Fee: \$-----

Yard Fee: \$-----

Total Amount enclosed: \$ -----

(Please scan & email entries to: fiona@foxdairies.com.au

Bank details MPC BSB 633000 A/c: 140751975

Biosecurity :

Address horse will move from prior to the clinic:.....

Address horse will move to after the clinic:.....

Condition of Entry Acknowledgement

I hereby acknowledge and accept the listed rules and conditions of entry including the biosecurity requirements

Riders signature:.....

Or Parent / Guardian signature: -----

(Only required for riders under 18 years of age)