



RIDING AND DRIVING CLASSES

OFFICIAL ENTRY FORM

This entry form will act as a tax invoice. All fees are GST inclusive.
 ABN 68 531 710 498
 Copies of the General and Special Regulations and By-Laws of the RA&HS of SA Inc are available upon request at the Society's Administration Office. The General Regulations may also be viewed on the Society's web site.

Return this entry form to:
Postal: Horse Section,
 PO Box 40, Goodwood SA 5034
Office: Adelaide Showground,
 Secretary's Office, Rose Terrace
 Entrance, Wayville SA.
Faxed applications will not be accepted

PERSONAL DETAILS ONE RIDER/DRIVER PER FORM PLEASE

SURNAME: _____ GIVEN NAME: _____

POSTAL ADDRESS: _____

STATE: _____ POSTCODE: _____

TELEPHONE: _____ FACSIMILE: _____

MOBILE: _____ I DO NOT WISH FOR MY CONTACT DETAILS TO BE AVAILABLE TO OTHER PARTIES

EMAIL: _____

DATE OF BIRTH: _____

Riders under 18 years of age who have not previously produced their birth certificate must do so at time of lodging their entry. After checking, the certificate will be returned

NOMINATED CLASSES - Please circle the class/es you wish to enter

| RIDER CLASSES | | | | DRIVER EVENTS | | SIDESADDLE | | |
|---------------|-----------|----------|-----------|---------------|-----------|------------|------------------|----|
| CLASS NO | ENTRY FEE | CLASS NO | ENTRY FEE | CLASS NO | ENTRY FEE | CLASS NO | ENTRY FEE | |
| 1 | NO FEE | 7 | | 13 | | 17 | | |
| 2 | NO FEE | 8 | | 14 | | 18 | | |
| 3 | | 9 | | 15 | | 19 | | |
| 4 | | 10 | | 16 | | 20 | | |
| 5 | | 11 | | | | 21 | | |
| 6 | | 12 | | | | 22 | | |
| | | | | | | | TOTAL ENTRY FEES | \$ |

GST INFORMATION—Please complete either GST information OR hobbyist Declaration

I, the above named exhibitor, apply to enter as part of a Private recreational pursuit or hobby Yes **OR** I, the above named exhibitor, am entering as a GST registered business Yes

ABN:

CONDITIONS OF ENTRY—Must be signed for entry to be accepted

- I agree to comply with and be bound by the General and Special Regulations and By-Laws of the RA&HS of SA Inc as applicable.
- I certify that the details on this entry form are true and correct

Signature: _____ Date: _____
(Parent or Guardian must sign if exhibitor under 18 years)

| OFFICE USE ONLY | | H in A | ENTR | MEM | MEMJ | DISC | TOTAL |
|--|------------|---|------|-----|------|------|-------|
| CHECKED BY _____ | DATE _____ | Y N | | | | | |
| <input type="checkbox"/> BIRTH CERTIFICATE | | <input type="checkbox"/> GOOD HANDS CERTIFICATE SIGHTED | | | | | |

PAYMENT DETAILS HORSES IN ACTION RIDING & DRIVING CLASSES—CHA

NAME: _____ FORM OF PAYMENT: Cash Cheque Money Order Credit Card

POSTAL ADDRESS: _____ TYPE OF CARD: VISA Mastercard Amex/Diners (3%fee applies)

MEMBERSHIP NO (If previously paid): _____ NAME ON CARD: _____ EXPIRY: /

NOTE: A MINIMUM OF \$10 IS REQUIRED FOR ALL CREDIT CARD PAYMENTS

CARD NO:

SIGNATURE: _____

| OFFICE USE ONLY | | ENTR | MEM | MEMJ | DISC | TOTAL |
|------------------|------------|------|-----|------|------|-------|
| CHECKED BY _____ | DATE _____ | | | | | |
| Inv: _____ | | | | | | |