

**Clevedon Agricultural & Pastoral Assn****Via showday.online**

ATTN: ENTRIES, PO Box 118, Clevedon, Auckland 2248

Email: entries@clevedonshow.co.nzwww.clevedonshow.co.nz

TAX INVOICE GST REGISTRATION 14-010-432

**Saturday & Sunday
18th & 19th November 2017**
Entries Close Sunday 31st October 2017
No entries accepted after this dateEntry form for
EQUESTRIAN

Section _____

Breed _____

Office Use Only	NAME OF ANIMAL	RIDERS OR HANDLERS NAME	CLASS NUMBERS <i>(Please use one column per class number – if more than ten classes entered use a second line)</i>										Horse/Pony Reg. No.	ENTRY FEE	
														\$	cents

HEIGHT CERTIFICATES

A photocopy of the current RAS height certificate **must** accompany entry forms. If not the entry will NOT be accepted. Original Height Certificate must be carried by Rider/Handler on Show Day & must be produced on request.

TESTING FOR FORBIDDEN SUBSTANCES

The attention of exhibitors is particularly drawn to the conditions relating to the misuse of drugs and the intention of the forbidden substances committee to undertake testing for forbidden substances.

Please enclose a **self-addressed stamped envelope** with your entry. A confirmation will be sent back to you as a record of your entries, along with your exhibitor passes (two for each horse/donkey entered) to enter the grounds.

PLEASE NOTE: ENTRIES WILL ONLY BE PROCESSED ONCE PAYMENT IS RECEIVED**IF PAYING BY INTERNET BANKING PLEASE PRINT A COPY AND ATTACH TO ENTRY FORM**

EXHIBITOR DECLARATION: I hereby make the above entries subject to the Bylaws, Rules & Regulations of the Clevedon A&P Association and the Royal Agricultural Society of New Zealand. I accept the Association's conditions of entry and indemnify the association under the provisions of the Health & Safety in Employment Act 1993 and its subsequent amendments. I have read, accepted and will abide by the rules & regulations as printed in the Schedule of Classes. My signature hereto (on this entry form) and/or participation in the competition/s denotes my acceptance of these conditions.

Signed: _____

Date: _____

Total Entry Fee

Administration Fee @ \$5.00 per horse (max. \$15)**CATALOGUE \$5 FROM OFFICE ON SHOW DAYS- FREE IF DOWNLOADED FROM WEBSITE****Members Subscription (if required) \$25.00****Horse Pen @ \$10 per day****Additional Exhibitor passes @ \$8.00 each****TOTAL PAYABLE \$**

Cheque payable to Clevedon A&P Association

Internet payment to ASB 12 3023 0509997 00 - Ref your name

Name: _____

Address: _____

Postcode: _____

Telephone: _____

Email address: _____

OFFICE USE Passes: _____

REC.NO: _____