



Clevedon Agricultural & Pastoral Assn

Via showdayonline.com

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

Email: entries@clevedonshow.co.nz

www.clevedonshow.co.nz

TAX INVOICE GST REGISTRATION 14-010-432

Saturday & Sunday 4th & 5th November 2023

Entries Close 25th October 2023

No entries accepted after this date

Entry 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	

\$10.00 member \$12.00 non member **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 Covered \$50.00 per day uncovered \$30.00

Additional Exhibitor passes @ \$8.00 each

TOTAL PAYABLE \$

Please enclose a **self-addressed stamped envelope** with your entry if you do not want to receive your entry passes and confirmations via email. A confirmation will be sent back to you as a record of your entries, along with your exhibitor passes (two for first horse/donkey entered one for any additional) 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: _____

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: _____