



STANDARD ENTRY FORM

For all Official HRC AV Events - ONE HORSE ONLY PER ENTRY FORM

EVENT:	
RIDER NAME:	AGE (If under 18 years)
CLUB NAME:	MEMBERSHIP CARD #:
ADDRESS:	POSTCODE:
EMAIL:	PHONE:

HORSE'S COMPETITION NAME:	
Level Entering	Dressage level (DR, CT & HT entries)
<input type="checkbox"/> <i>I wish to compete one level lower than my current level with the application of penalties (jumping disciplines only).</i>	My current level for this discipline
<input type="checkbox"/> <i>I am ineligible to compete under the following judge as it would be in breach of either Dressage Rule 4.9 or Showing Rule 4.4:</i>	JUDGE'S NAME:

<input type="checkbox"/> <i>I have been granted an HRC AV rule exemption. Copy of exemption certificate attached.</i>									
YARD <small>(if avail)</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>	STRAW <small>(if avail)</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>	STABLE <small>(if avail)</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>	CAMPING <small>(if avail)</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>	DINNER /FUNCTION	YES <input type="checkbox"/> NO <input type="checkbox"/>

ENTRY INFORMATION:		
Section/Class:	Competition:	Fees
		\$
		\$
		\$
		\$
		\$
	Stable, Straw, Yard, Camping	\$
	Dinner/Function	\$
	Medical levy – if requested (jumping disciplines or TTT events)	\$
	Facility fee (if applicable)	\$
TOTAL FEES		\$

TRACING DETAILS & DESCRIPTION OF HORSE				
Description	HEIGHT	COLOUR	BRANDS	SEX
Address or PIC no. of property horse will originate from				
Address or PIC no. of property horse will return to				

VOLUNTEER HELPER INFORMATION (if applicable)		
Name:	Phone	Email
Address:		

EMERGENCY CONTACT INFORMATION		
Name	Relationship	Phone

I understand and agree to abide the Rules and Regulations of the Horse Riding Clubs Association of Victoria Inc. and the Conditions of Entry as stated on the Official Program. I understand that due to diseases such as equine influenza, government bodies may restrict or prevent the movement of horses, vehicles and personnel for a period of time ('standstill'). I acknowledge and agree that a standstill is a risk of participation in the event/activity and agree that I will pay any costs or expenses incurred by the organising committee for or on behalf of my horses as a result of a standstill.

I certify that I am fit to compete

Signature of Rider: _____ **Date:** _____
(or Parent/Guardian if rider under 18years)