

HORSE RIDING CLUBS ASSOCIATION of VICTORIA INC.
STANDARD ENTRY FORM FOR TEAMS EVENTS
For use for all Official HRCVA Team Events. NOTE: One TEAM only per entry form.

EVENT:									
CLUB SECRETARY/PRESIDENT'S NAME:					ADDRESS:			POSTCODE:	
TEAM CONTACT PHONE NO: BH:				AH:			EMAIL:		
CLUB NAME:					TEAM NAME:			TEAM PRIORITY:	
	HRCVA NO:	RIDER NAME:	Age if Under 18 Yrs	HORSE HEIGHT (Showing)	HORSE'S COMPETITION NAME:	MEMBERS' PHONE NOS:	LEVEL Entering	*Dressage Level:	FEES:
1									\$
2									\$
3									\$
4									\$
*NOTE: You must enter riders' Dressage Levels when entering CT or HT events					Please use separate Stable/Yard Booking Form, if these facilities are available (as stated on the Program).				
EVENT ORGANISERS NOTE: The following competitor is ineligible to compete under the following judge (please attach listing if more than one competitor): Member Name: _____ Judge's Name: _____					No. of People attending the Dinner/Function:			\$	
					Medical Levy \$2.50 per rider (Jumping disciplines and TTT events only)			\$	
					Facility fee (if applicable)			\$	
					Team Fee:			\$	
					TOTAL FEES:			\$	
<i>VOLUNTEER HELPER INFORMATION (if applicable):</i>					<i>VOLUNTEER HELPER INFORMATION (if applicable):</i>				
NAME:			Age if under 18 yrs:		NAME:			Age if under 18 yrs:	
ADDRESS:			P/CODE		ADDRESS:			P/CODE	
PHONE NO: BH:			AH:		PHONE NO: BH:			AH:	
email:					email:				
Areas of Experience (eg. CC Jump Judge, Penciller, Scorer, etc)					Areas of Experience (eg. CC Jump Judge, Penciller, Scorer, etc)				

I confirm that the abovementioned team members 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. The team members are aware that, due to diseases such as equine influenza, govt bodies may restrict or prevent movement of horses, vehicles and personnel for a period of time (standstill). The team members have acknowledged and agree that a standstill is a risk of participation in the event and agree to pay any costs or expenses incurred by the organising committee for or on behalf of their horses in the event of a standstill.

Signed: _____ SECRETARY/PRESIDENT (Delete as applicable) Date: / /

TRACING DETAILS AND DESCRIPTION OF TEAM HORSES

HORSE	Description (Sex, colour, height, brands)	Address of property horse will originate from	Address of property horse will return to
1			
2			
3			
4			

DO NOT FORGET TO ENCLOSE A STAMPED, SELF-ADDRESSED, BUSINESS SIZE ENVELOPE FOR THE RETURN OF TIMES
 Top Team Trophy Entries (Navigation Ride excepted) must include proof of qualifying as per Event Rule 39.2.4