**HORSE RIDING CLUBS ASSOCIATION OF VICTORIA INC.**

# STANDARD ENTRY FORM

**For all Official HRCAV Events** *NOTE: 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) | |
|---|---|---|---|

| *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:* | **JUDGE'S NAME:** |
|---|---|
| *I have been granted an HRCAV rule exemption. Copy of exemption certificate attached.* | **NATURE OF EXEMPTION:** |

| **YARD** (if avail) | YES / NO | **STRAW** (if avail) | YES / NO | **STABLE** (if avail) | YES / NO | **CAMPING** (if avail) | YES / NO | **DINNER /FUNCTION** | YES / NO |
|---|---|---|---|---|---|---|---|---|---|

**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.

**Signature of Rider**: _____**Date:**

**(or Parent/Guardian if rider under 18years)**