



Incorporated
ABN: 83 510 134 790



TOM QUILTY GOLD CUP 2014 PRE-RIDE NOMINATION / RIDE ENTRY FORM

Office use only RIDER NUMBER	
------------------------------------	--

RIDER INFORMATION

<i>MEMBERSHIP No.</i>		<i>STATE DIVISION</i>	
<i>SURNAME</i>			
<i>GIVEN NAME</i>			
<i>ADDRESS</i>			
<i>TELEPHONE</i>		<i>MOBILE</i>	
<i>EMAIL ADDRESS</i>			
<i>RIDERS DATE OF BIRTH</i>		<i>NATIONALITY</i>	
<i>EMERGENCY CONTACT No.</i>			
<i>WEIGHT DIVISION</i> <small>(please tick)</small>	<input type="checkbox"/> Heavyweight / <input type="checkbox"/> Middleweight / <input type="checkbox"/> Lightweight / <input type="checkbox"/> Junior		
<i>LAST SUCCESSFUL 160KM RIDE</i> <small>(Please attach proof)</small>		<i>DATE</i>	

HORSE INFORMATION

<i>AERA LOGBOOK No.</i>		<i>BREED REG. No.</i>	
<i>NAME</i>			
<i>DATE OF BIRTH</i>		<i>BREED</i>	
		<i>SEX</i>	
<i>LAST SUCCESSFUL 80km (or over) RIDE FOR THIS HORSE</i>			<i>DATE</i>
<i>HORSE MICROCHIP NUMBER</i>			
<i>LOCATION WHERE HORSE NORMALLY RESIDES (Address & PIC No.)</i>			
<i>IS THIS HORSE VACCINATED AGAINST THE HENDRA VIRUS?</i>	YES / NO <small>Please circle</small>	<i>DATE OF LAST INJECTION</i>	

MEMBER RESPONSIBLE FOR THIS HORSE (Must be a current member of a State Division and be 18 years or over)

<i>NAME</i>			
<i>ADDRESS</i>			
<i>TELEPHONE</i>		<i>MOBILE</i>	
<i>EMAIL</i>			

DECLARATION FOR THE RESPONSIBLE PERSON:

I hereby acknowledge that I am the person responsible for this horse.

<i>SIGNATURE</i>		<i>MEMBERSHIP No.</i>		<i>DATE</i>	
------------------	--	-----------------------	--	-------------	--

**TOM QUILTY GOLD CUP 2014
PRE-RIDE NOMINATION / RIDE ENTRY FORM**



RIDER DECLARATION	
<p>I agree to abide by all current Australian Endurance Riders Association Inc. Riding Rules for Riders, vetting procedures and will conduct myself in a manner not to be injurious or prejudicial to the character or interests of the sport of endurance riding. In consideration of the Ride Organising Committee and all persons or organisations associated with the Ride together with their heirs, executors, and administrators and assignees from any rights, claims or liabilities for damages for injuries sustained by/to me my support team or my animals. I acknowledge that the wearing of Australian Standards association head protection is compulsory for all riders. I acknowledge that it is a condition of this entry that all fees associated with any veterinary treatment required by my horse will be paid by the responsible person or me before I leave the ride base and that my Logbook will not be returned until such fees are paid.</p>	
RIDER SIGNATURE	
PARENT/GUARDIAN SIGNATURE (Under 18yrs)	
PARENT/GUARDIAN NAME (Please print)	
PARENT/GUARDIAN ADDRESS	
PARENT/GUARDIAN DATE OF BIRTH	

SCHEDULE OF FEES			
<ul style="list-style-type: none"> • All nomination/entry forms and the non-refundable deposit of \$100 must be received no later than 8th August 2014. • Final balance must be paid no later than 12th September 2014. Late payment may result in the Late Entry Penalty being applied. • All nominations/entries received after 8th August 2014 may incur a \$150 late entry fee. • Please note that refunds are at the discretion of the Organising Committee. 			
HW, MW and LW	\$350 Inc. GST		
JUNIOR	\$300 Inc. GST		
NON REFUNDABLE DEPOSIT (Deducted from entry fee)	\$100 Inc. GST		
LATE ENTRY PENALTY	\$150 Inc. GST		
VET HOSPITAL LEVY (Compulsory for all entries)	\$20 Inc. GST		\$ 20.00
DINNER/DANCE TICKETS (Sunday 5th October)	\$50 each Adult \$30 Children 12 years & under	QTY:	
CAMPSITE BOOKINGS (10m x 15m) One horse per site. No powered sites.	\$15/day	QTY:	
INTERNATIONAL RIDERS (Non-Members) – DAY MEMBERSHIP INSURANCE \$30			
TOTAL PAID			\$
BALANCE DUE 12/9/2014			\$

It is preferable that payments are made by electronic bank transfer.
 Account name: WA Endurance Riders' Association Inc. BSB: 036-032, A/C No. 454802.
 Please ensure that you use your surname as the reference detail. Send a copy of your payment/receipt with this form.
 All cheques/money orders to be made payable to: W.A. Endurance Riders' Assoc. Inc.
 Please send all cheques/money orders, payment receipt and the entry form to:

Mrs Ieva Peters
 96 Battersby Road, Anketell WA 6167
 Email: ieva.peters@bigpond.com Mobile: 040 3333 692

Office use only

DEPOSIT RECEIPT No.		
DATE PAID		
AMOUNT PAID		