



2011 New South Wales State Championship 160km Ride St Albans 11, 12, 13 June

NOMINATION/ENTRY FORM

NOTE: THIS ENTRY IS NOT TRANSFERABLE – ONLY THE HORSE NOMINATED CAN BE CHANGED

ENTRY FEE \$300.00 if paid in full by 23 May 2011, including \$50 nonrefundable pre nomination fee.
\$250.00 will be refunded after the event if you cancel before 8 June 2011.

OR: LATE ENTRY FEE \$350.00 if paid after 23 May 2011

Please note: Logbooks will not be returned until all costs associated with treatment of horses at the ride are paid in full to the vet/s providing the treatment

Cheques payable to St Albans Endurance Riders Association Inc

Or EFT: BSB: 012275 A/c:251463341 (Please use your name as the Reference)

Nomination/Entry Form to: Kerry Spratt 105 Langford Dr Kariong 2250

DIVISION Middleweight [] Heavyweight [] Lightweight [] Junior []

Rider Details

Name: _____

Address: _____

Email Address: _____ Ph: _____

NSWERA Membership No: _____ DOB (if under 18) _____

Horse Details

Name: _____

Age: _____ Breed: _____ Sex: _____ Logbook No. _____

Person Responsible for Horse: _____ M'ship No. _____

Signature of Responsible Person: _____ (must be a member of NSWERA)

RIDERS DECLARATION – PARENT/LEGAL GUARDIAN CONSENT

This form must be read and signed by the entrant and, if the entrant is under 18 years of age, by their parent or guardian.

I agree that I/my son/daughter will abide by all current Australian Endurance Riders Association Inc. Riding Rules, Procedures for Rides, Veterinary Procedures, and NSW Endurance Riders Association Inc. Ride Organisers rules and will conduct myself or themselves in a manner not injurious or prejudicial to the character or interests of the sport of endurance riding. In consideration of the Ride Organising Committee of the NSW State Championships 2011 ride accepting this entry, I hereby, for myself, my son/daughter, my heirs, executors and administrators, waive and release the administrators and assigns from any rights, claims or liabilities for damages or injuries sustained by me/my son/daughter or their support team or their animals. I acknowledge that the wearing of Australian Standards Association head protection is compulsory. **If at any stage during the course of the event my horse requires treatment, I undertake to pay outstanding veterinary fees PRIOR to leaving the grounds.**

Rider's Signature: _____ **Date:** _____

Parent or Guardian Signature: _____ **Date:** _____



Communities
Sport & Recreation

NSW State Championships Camping Sites

For Camp site information please contact Sue Todd Email: suetodd@activ8.net.au PH: (02) 6379 7218

Please note camp site allocations are on a first come first placed arrangement.

Areas T & U are reserved for people who have volunteered in any form to help this ride.

First choice area ___ What size Float / Gooseneck

2nd choice area ___ How many horses in your camp site

