Longford Show Society Inc

ENTRY FORM – EQUESTRIAN

Exhibitor's Details: (EFA exhibitors please attach sticker)

Name: (Mr. Mrs. Miss)_____

Address:_____

_____**Pcode**_____

Telephone_____ **Mobile** _____

DOB (if under 18 years)_____

CLASS NO.	NAME OF HORSE	NAME OF RIDER	REG NO.	ENTRY FEE $

TOTAL ENTRIES	**$**
PARKING	**$ 5.00**
Membership (optional- refer general regulations	$ 25.00
TOTAL	**$**

I HAVE READ AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE LONGFORD SHOW SOCIETY INC, EFA TASMANIA AND SHOW HORSE COUNCIL OF TASMANIA.
The Exhibitor will indemnify the Longford Show Society Inc in respect of any claim arising out of the Exhibitor's entry.

Signed Exhibitor_____

Signature of Parent/Guardian if exhibitor is under 18 years_____

ENTRIES CLOSE – 1st October 2009

SEND WITH SELF ADDRESSED STAMPED ENVELOPE TO -
THE SECRETARY,
LONGFORD SHOW SOCIETY INC.
PO BOX 58,
LONGFORD 7301

EFT Payments
Branch: ANZ
BSB: 017042
Account No: 446905066
Please send Remittance with Entry Form.