

2012 AUTUMN SHCV CLASSIC

RECORD OF ENTRY

COVER SHEET



ENTRIES TO: Show Secretary  
Show Horse Council of Victoria Inc  
P O Box 5374  
CRANBOURNE VIC 3977

ENTRIES CLOSE: 17 February 2012

CHEQUE OR MONEY ORDER PAYABLE TO: Show Horse Council of Victoria Inc

NOTE: **NO LATE ENTRIES WILL BE ACCEPTED**

NOTE: A stamped self-addresses envelope **MUST** be enclosed

NOTE: Stabling to be booked through Werribee Park National Equestrian Centre, not SHCV

NOTE: Members **MUST** be financial at time of entry

DESCRIPTION OF FEES	COMPULSORY PAYMENTS	\$
Classes Entered	Total entry fees to be paid (Fee per class)	
Foot Levy <b>Per Horse / Per Day</b>	\$16.00 per horse / per day	
Swabbing Levy per Horse	\$15.00	
Donation	<i>Any Donations towards the expenses of the running of the show would be gratefully appreciated</i>	
	<b>TOTAL AMOUNT:</b>	

**PLEASE PRINT CLEARLY**

EXHIBITOR NAME : \_\_\_\_\_ MEMBERSHIP NO : \_\_\_\_\_

POSTAL ADDRESS : \_\_\_\_\_

POSTCODE : \_\_\_\_\_ EMAIL ADDRESS : \_\_\_\_\_

PHONE NUMBER : \_\_\_\_\_ MOBILE NUMBER : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

**PAYMENT DETAILS**

Please accept my Cheque / Money Order made out to: Show Horse Council of Victoria  
for the amount of \$ .....

CREDIT CARD PAYMENT OPTION: I wish to pay by  Mastercard  Visa

Amount: \$..... Expiry Date: .....

Card Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cardholder's Name: .....

Cardholders Signature: .....

2012 AUTUMN SHCV CLASSIC

ENTRY FORM (One form per horse)

LED / SADDLE CLASSES



**PLEASE PRINT CLEARLY**

EXHIBITOR NAME : \_\_\_\_\_ MEMBERSHIP NO : \_\_\_\_\_

NAME OF HORSE : \_\_\_\_\_

SHCA REGISTRATION NUMBER : \_\_\_\_\_ HEIGHT : \_\_\_\_\_  
(Copy of SHCA Registration papers to be provided with entry – BOTH SIDES)

**ENTRY FEE (PER CLASS):** LED: Classes 4 – 10 = \$20.00  
SADDLE Classes 1 – 3 = \$40.00  
Classes 16 – 21 = \$40.00  
Classes 22 – 28 = \$40.00

CLASS NUMBER:	CLASS DESCRIPTION:	ENTRY FEE:
		\$
		\$
		\$
		\$
		\$
	<b>TOTAL AMOUNT:</b>	\$

Entry in this event shall constitute an agreement and affirmation from all participants (which includes, without limitation, the Owner/s, Responsible Officer, Lessee, Manager, Agent, Rider, Handler and the Horse) for themselves:

1. I/We have read/have had access to the Show Horse Council of Australasia Inc. Competition Rules and the Show Horse Council of Vic. Inc. Regulations and Conditions of Entry applicable to this Event.
2. I/We will compete subject to and agree to be bound by the Show Horse Council of Australasia Inc. Competition Rules and the Show Horse Council of Vic. Inc. Regulations and Conditions of Entry applicable to this event.
3. By voluntarily participating at this Event, I/We will accept ad final any decision of the Show Horse Council of Vic. Inc. or Ground Jury in regard to any incident arising from or in connection with this event. I/We agree to indemnity and hold harmless the Show Horse Council of Vic .Inc, and/or Officials, Stewards, Judges, Committee for any action taken in relation to this event.

**SIGNATURES BELOW AFFIRM YOU HAVE READ AND AGREE TO THE ABOVE REQUIREMENTS OF ENTRY**

Name of Owner/s:  
(As shown on Horse Registration Papers)  
(MUST be a current financial member of SHC)

Signature of Owner/s:  
(Parent/Guardian to sign if under 18yrs)

Membership Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Exhibitor:  
(MUST be a current financial member of SHC)

Signature of Exhibitor:

Membership Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Responsible Officer:  
(MUST be a current Financial Member of SHC)  
(Person 18yrs & over in charge of horse)

Signature of Responsible Officer:

Membership Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** ALL NAMES & SIGNATURES MUST BE PROVIDED IN EACH LOCATION  
**NOTE:** RESPONSIBLE OFFICER MUST BE 18YRS & OVER AND A CURRENT FINANCIAL MEMBER OF THE SHCV INC OR SHC AFFILIATE

**2012 AUTUMN SHCV CLASSIC**  
**ENTRY FORM (One form per horse)**  
**RIDER CLASSES**



**PLEASE PRINT CLEARLY**

EXHIBITOR NAME : \_\_\_\_\_ MEMBERSHIP NO : \_\_\_\_\_

NAME OF HORSE : \_\_\_\_\_

SHCA REGISTRATION NUMBER : \_\_\_\_\_ HEIGHT : \_\_\_\_\_  
 (Copy of SHCA Registration papers to be provided with entry – BOTH SIDES)

**ENTRY FEE (PER CLASS): RIDER :** Classes 11 –15 = \$40.00

CLASS NUMBER:	CLASS DESCRIPTION:	ENTRY FEE:
		\$
		\$
		\$
		\$
		\$
	<b>TOTAL AMOUNT:</b>	\$

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2. I/We will compete subject to and agree to be bound by the Show Horse Council of Australasia Inc. Competition Rules and the Show Horse Council of Vic. Inc. Regulations and Conditions of Entry applicable to this event.
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 (As shown on Horse Registration Papers)  
 (MUST be a current financial member of SHC)

Signature of Owner/s:  
 (Parent/Guardian to sign if under 18yrs)

Membership Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Exhibitor:  
 (MUST be a current financial member of SHC)

Signature of Exhibitor:

Membership Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Responsible Officer:  
 (MUST be a current Financial Member of SHC)  
 (Person 18yrs & over in charge of horse)

Signature of Responsible Officer:

Membership Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** ALL NAMES & SIGNATURES MUST BE PROVIDED IN EACH LOCATION  
**NOTE:** RESPONSIBLE OFFICER MUST BE 18YRS & OVER AND A CURRENT FINANCIAL MEMBER OF THE SHCV INC OR SHC AFFILIATE