

Mounted Games Entry Form



Event: _____ Date: _____

Class/Age Group	Rider Name	Horse Name	Team/pairs Name	Entry Fee
Total				\$ -

Commentary Information: Must be filled in	Address Of Competitor:	Helper	
Rider:		Name:	
		Phone:	
	Phone:		Preference:
	Mobile:		Payment details
	Email:		Yard Fee:
Horse:	DOB:	Ground Fee:	
		Entry Fee:	
	Cheque Details:	Helper Fee:	
	Bank:	Dinner Fee:	
	Name on Chq:	Total: \$ -	
	Amount: \$		
	Electronic Transfer - Provide copy of receipt		
	BSB:		
Account:			
Details:	Your Surname		