

BALDIVIS EQUESTRIAN & PONY CLUB DRESSAGE SERIES ENTRY FORM

Saturday 9th March 2019

All tests are qualifiers for the PCWA Dressage Series Leader board and age groups will be run as follows 10 & Under, 11 – 13yrs, 14 – 16 yrs, 17 & Over, Elementary; 11 – 15yrs, 16 – 25yrs, Medium; 9 – 25yrs Open Classes by test.

CLOSING DATE: Monday 4th March AT 9PM!

Please fill out one form per horse, place a tick beside tests being ridden:

Dressage Test	Number of tests being ridden	Non-Member of BEPC	Member of BEPC	Total
Prep A (2013)		\$30 per test	\$20 per test	
Preliminary 1A (2019)		\$30 per test	\$20 per test	
Novice 2A (2019)		\$30 per test	\$20 per test	
Elementary 3A(2019)		\$30 per test	\$20 per test	
Medium 4A (2019)		\$30 per test	\$20 per test	
	Ground Fee	\$5.00		
*Members of BEPC do not pay the Ground Fee				
Yard Fee		\$10.00 per yard		
Amount Payable				
*Please pay by EFT, Cheque or Cash				

Electronic Funds Transfers: Account Name: BEPC

BSB: 036-060

Account Number: 128991

EFT Receipt No: _____

Runner

*Please use your Surname in the reference box and Dress1 ie Jones Dress1

*Please ensure that the Disclaimer Form is returned with your entry form or you will not be permitted to ride on the day!

Name of Rider:	
Age as at 1 st January & Date of Birth (if under 18):	
Rider EWA #: Address:	
Telephone #: Home:	
*You must be able to provide proof of membership/	insurance on the day
Name of Horse:	
Pony Club:	
Email REQUIRED AS DRAW WILL BE EMAILED :	
Name of Helper:	_ Contact #:
It is a condition of entry that you provide a Helper for thi 1-3. Every effort will be made to accommodate your req preferred helper duty.	

Marshall	Gear Checker	Dressage Penciller
Set-Up	Pack Away	
(Saturday morning)	(Saturday afternoon)	

PONY CLUB ASSOCIATION OF WESTERN AUSTRALIA INC (PCAWA)

PCAWA DISCLAIMER STATEMENT



CLUB NAME: Baldivis Equestrian and Pony Club

CLUB ADDRESS: Lugg Road, Baldivis WA

I acknowledge and agree as a condition of participating in any PC or PCAWA event that neither the Club/Coach, participants, PCAWA or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENTS, shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of participation in or being present at the event, except in regard to any rights I may have arising under the Trade Practices Act 1974 (Cth) (or similar State legislation).

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can, and do happen.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER. I ACKNOWLEDGE THAT THIS DISCLAIMER IS VALID FOR ALL AUTHORISED CLUB, ZONE AND STATE PCAWA EVENTS THAT I ATTEND WITHIN THE TWELVE MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

Print Name Here

Sign Here

Dated

PARENT/GUARDIAN CONSENT FOR UNDER 18 YEAR OLD PARTICIPANTS:

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER. I ACKNOWLEDGE THAT THIS DISCLAIMER IS VALID FOR ALL AUTHORISED CLUB, ZONE AND STATE PCAWA EVENTS THAT I AND MY DEPENDANT ABOVE NAMED ATTEND WITHIN THE TWELVE MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

NAME (BLOCK LETTERS)

SIGNED

DATED THIS	