BAKERS HILL ADULT RIDING CLUB PAIRS WEEKEND INDIVIDUAL CLASS ENTRY FORM

(One entry form per horse)	Date:	/	/	
				_

Individual Class

Name	Horse Name		ion
Contact Number	Bakers Hill Adult Riding Club Member?	□ yes	□ no
Email	EWA Member number (if applicable)		

All riders (excluding BHARC members) must attach a signed waiver with their entry.

Yards are available for use on a first in first served basis. Please ensure if you use a yard you leave it clean, otherwise yards will not be available for free in the future. Please clean up your horses hay and manure from the yards and carpark, and place in our manure pile.

Draw will be available on Cavalletti on Wednesday 19th May 2021

Stallions experienced at coping in group environments are welcome, however you must adhere to the EA stallion guidelines.

Cancellation policy: If entry is withdrawn prior to closing date entry fees will be refunded less 10% administration fee. After the closing date entry fees will only be refunded (less 10%) if a vet/doctors certificate is provided

Riders under 18years of age must be a member of EWA.

Dressage 7:30-8:30am start Saturday, Showjumping 7:30-8:30am start Sunday (subject to entries)

Please indicate your level of dressage and height for showjumping below. Maximum of 2 classes per horse.

Dressage	Tick
Prep E	
Prelim 1B	
Novice 2B	
Elementary 3B	

Class	Tick
Poles/30cm - must be	
ridden with Prep test	Ц
45cm	
60cm	
75cm	
85cm	
95cm	
100cm	

Payment

Number of Classes		Cost		Total
First Class				
Second Class				
Compulsory Day Insurance (for non BHARC members/non EWA members)		\$10.00		
Compulsory Ground Fee - 1 per entry (for non BHARC members)		\$5.00		
Helper Duty Exemption Fee		\$25.00		
Raffle Tickets	1 for \$5.00 or 3 for	\$10.00		
			Total	

Entries Close: Monday 17th May 2021

Preferred method of entry is email & EFT payments

Email entries to:	EFT payments:	Post entries to:
bakershillarc@hotmail.com	Account Name:	PO Box 1047
	Bakers Hill Adult Riding Club	Northam WA 6401
	BSB: 06 6524	
	Account No: 1009 2618	
	Reference: Pairs & Team Name	

Enquiries: email - bakershillarc@hotmail.com or sah.19953@gmail.com, Shelley 0400 610 244

BAKERS HILL ADULT RIDING CLUB PAIRS WEEKEND INDIVIDUAL CLASS ENTRY FORM

Helper Duty	Date: / /
Helper Duty exemption fee p	aid (if paid, disregard the following form)
Helper contact details (self I) Name of helper: Helper's contact number: Helper's email address:	help is available & encouraged)
Availability: Please indicate your availability, or alternatively comment on when you WILL NOT BE available.	□ I would be available for dressage arena set up from 3:30pm Friday 21st May □ I would be available for dressage arena dismantling at conclusion of Saturday's dressage □ I would be available for showjumping arena set up at conclusion of Saturday's dressage □ I would be available for showjumping arena dismantling at conclusion of Sunday's jumping □ I would prefer a duty during the day (7:30-3:00 Saturday & 7:30-3:00 Sunday) Comment:
Duty Preference: please write your duty preference in order from the list below. I will endeavour to give you a duty you prefer.	1. 2. 3.

Completing helper duties helps to make events like this one run smoothly. We will endeavour to give you a helper duty you would prefer at a time that is available for you (where possible) so as to ensure the duties are completed. We do require help setting up and dismantling arenas so if you are available and would prefer self help please select one of these.

The job allocation will not be changed once it has been released, so please provide any details necessary on this form.

Jobs available: dressage set up (Friday 21st May from 3:30pm), dressage arena pack up (conclusion of dressage on Saturday 22nd May), Showjumping assembly (conclusion of dressage on Saturday 22nd May), showjumping arena pack up (conclusion of jumping on Sunday 23rd May), showjumping pole crew (Sunday), pencilling, marshalling (Saturday or Sunday), gear checking, canteen duty, running dressage tests.

Enquiries: email - bakershillarc@hotmail.com or sah.19953@gmail.com, Shelley 0400 610 244

Bakers Hill Adult Riding Club IncCompetition Day Membership Enrolment form 2021

NAME :	•••••	• • • • • • • • • • • • • • • • • • • •			
ADDRESS:	• • • • • • • •	•••••			•••••
DATE OF BIRTH:	•••••	•••••	CONTACT No.: .		•••••
			fullstops) very clearly so we		
Direct Debit: Commo Post to Bakers Hill AR	nwealt C PO I	h Bank Box 745 North		ount No: 1009 2618	
SIGNATURE OF MEN	MBER.	:	DA	TE:	•••••
EMERGENCY CON	TAC'	Γ AND MEI	DICAL INFORMATIO	<u>N</u>	
Doctor's Name: Medical Conditions /	Aller	gies etc.,		tact No.:	••••••
			Number		
			ved * riding helmet when mo US-3838 Euro EN1384, US-		adult riding
or hurt. There is a significant risk I knowingly and freely assume a Australia and/or the event organiassume sole responsibility for an I understand and acknowledge thand I take full responsibility for arby law before or during this event I agree to follow the directions of or official can result in the CANC may occur. I understand that any such non-coall claims made by any person as I agree to wear a helmet at all tir and agree that I am solely response A and FEI rules and regulations I, for myself and on behalf of my I The Equestrian Federation of Auparticipants, sponsoring agencies activities (all of whom are referred whether caused by the negligence effect of this Document I have had sufficient opportunity have given up substantial rights to	creational that serical such ristser (here y injury, due danger by injury, lat. any even ELLATIO compliances a result in ses whils is is and taken neirs, assistralia and serical serical to read they signing olete and	I activity and horse ous INJURY or DEA sks, both known a safter referred to as leath or property does associated with the oss or damage associ	e sport where this is required under participating I wear a suitable helmer for my actions. esentatives and next of kin, hereby aniser, their officers, officials, volunt filiated clubs and if applicable, owner pect to any and all injury, disability, rise ity and assumption of risk agreemently and voluntarily without inducements of all liability of the Releasees, to	table (changeable) way, espetivities and in particular this expense negligence of The Equestrolluntarily PARTICIPATE at my my participation in horse spointed altering drugs before and tree not to drink alcohol or taken all by me to follow any direction emoval from my horse NO MA and I agree to indemnify the First the relevant EA and FEI rule et at all times where required the release and hold harmless and eers, coaches, agents and/or ers and lessors of premises us death, or loss or damage to put the fully understand its terms, at of any kind. I understand the	rent. ian Federation of y OWN RISK and t activities. during the activity e drugs prohibited in of any organiser atterned and regulations and regulations ander the relevant d agree not to sue employees, other sed to conduct the erson or property, understand that I at my signature to
Dated:		<i>I</i>	Signature	of	Rider: