**Commonwealth Clydesdale Horse Society WA Branch**

**in association with the Shire of Serpentine Jarrahdale**





*Proudly presents*

# CCHSWA HEAVY HORSE EXTRAVAGANZA 2021

OCTOBER 16 & 17, 2021

AT MuNdijong markets

Judges will be confirmed closer to show date

given covid restriction changes

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We reserve the right to make alterations to the program as necessary. ALL horses to be under control AT ALL TIMES.

DOGS – SORRY **NO DOGS** PLEASE. YOU WILL BE ASKED TO LEAVE

No unruly behaviour will be **tolerated**! Leave your personal issues at the gate, just come along and have some fun and enjoy your horses.

If entries are low in certain breeds we may have to combine classes! So encourage people you know with heavy horses to please attend.

**Halter Information**

Stallions and Colts must have suitable and substantial headgear with bit, as per breed standard. The age of the handler must be 18 years of age or over. All horses that enter the led classes must be registered with the relevant breed society. Please provide a copy of the **registration papers** with your entry.

**Ridden**

All riders must wear approved safety helmets.

**Harness Information**

Please bring with you your chains or leather traces of minimum length 2340mm (2.34 m). Also check that your hooks can fit over 10 mm steel. No carabineers or closable clips allowed, you MUST use hooks. ALL horses must be bitted.

***Novice*** refers to handler who has not won a class at a harness show.

***Open*** refers to a handler that has won a novice, intermediate or open class.

***Maiden*** refers to horse that has never won a class at a harness show.

The Harness classes are open to registered & unregistered heavy horses.

**Protests**

Formal written & signed Protests to be submitted within 30 minutes from the conclusion of the event, with a $50.00 fee (non-refundable). Ground Jury decision will be final and cannot be protested.

The Judge's decision is **FINAL**.

Points will only be collated from selected classes. If people compete in Beginner, Novice and Open then the highest winning points will be taken from only 1 class.

**Camping**

Gate will be open from 12:00 pm on Friday.

***Please clean out your stalls before you leave.***



## Saturday October 16 Ring 1 - Halter Classes 9am Start

|  |  |  |
| --- | --- | --- |
| **GYPSY COB**  1. Best Presented Gypsy Cob
2. Best WA Bred
3. Best Non WA bred
4. Gypsy Cob Mare/Filly any age
5. Champion & Reserve Mare/Filly
6. Gypsy Cob Colt/Stallion any age
7. Champion & Reserve Colt/Stallion
8. Gypsy Cob Gelding any age
9. Champion & Reserve Gelding
10. **SUPREME GYPSY COB**
 | **DRUM HORSE**  1. Best Presented Drum Horse
2. Best WA Bred
3. BEST Non WA bred
4. Mare/Filly any age
5. Champion & Reserve Mare/Filly
6. Colt/Stallion any age
7. Champion & Reserve Colt/Stallion
8. Gelding any age
9. Champion & Reserve Gelding
10. **SUPREME DRUM**
 | **PART BRED GYPSY COB**1. Best Presented Part Bred Heavy Horse
2. Mare/Filly any age
3. Champion & Reserve Mare/Filly
4. Colt/Stallion any age
5. Champion & Reserve Colt/Stallion
6. Gelding any age
7. Champion & Reserve Gelding
8. **PART BRED HEAVY HORSE**
 |
| **SHIRE**  1. Best Presented Shire
2. Best WA bred
3. Best non WA bred
4. Mare / filly any age
5. Champion & Reserve Mare/Filly
6. Colt 3 years & under
7. Stallion 4 years & over
8. Champion & Reserve Colt/Stallion
9. Gelding 3 years & under
10. Gelding 4 years & over
11. Champion & Reserve Gelding
12. **SUPREME SHIRE**
 | **PART BRED CLYDESDALE (CCHSWA Registered)**1. Best presented Part Bred Clydesdale
2. Filly 3 years & under
3. Mare 4 years & over
4. Champion & Reserve Mare/Filly
5. Colt/ Stallion any age
6. Champion & Reserve Colt/Stallion
7. Gelding 3 years & under
8. Gelding 4 years & over
9. Champion & Reserve Gelding
10. **SUPREME PART BRED CLYDESDALE**
 | May be an image of horse, outdoors and text that says "Stockman's Farm Clydesdales updated their profile picture. 8 Mar Stockman's Farm Clydesdales" |
| **CLYDESDALE**  1. Best Presented Clydesdale
2. Best WA bred
3. Best Non WA bred
4. Filly 3 years & under
5. Mare 4 years & over
6. Champion & Reserve Mare/Filly
7. Colt 3 years & under
8. Stallion 4 years & over
9. Champion & Reserve Colt/Stallion
10. Gelding 3 years & under
11. Gelding 4 years & over
12. Champion & Reserve Gelding
13. **SUPREME CLYDESDALE**
 | **CLYDESDALE SPORTHORSE (CCHSWA Registered)**1. Best Presented Clydesdale Sport horse
2. Filly 3 years & under
3. Mare 4 years & over
4. Champion & Reserve Mare/Filly
5. Colt/ Stallion any age
6. Champion & Reserve Colt/Stallion
7. Gelding 3 years & under
8. Gelding 4 years & over
9. Champion & Reserve Gelding
10. **SUPREME CLYDESDALE SPORTHORSE**
 |

## Saturday October 16 Ring 2 - Halter Classes 9am Start

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| **FRIESIAN WARMBLOOD**1. Best Presented Friesian Warmblood
2. Filly 3 years & under
3. Mare 4 years & over
4. Champion & Reserve Mare/Filly
5. Colt/Stallion any age
6. Champion & Reserve Colt/Stallion
7. Gelding 3 years & under
8. Gelding 4 years & over
9. Champion & Reserve Gelding
10. **SUPREME FRIESIAN WARMBLOOD**
 | **WALERS**1. Best Presented Waler
2. Mare/Filly any age
3. Champion & Reserve Mare/Filly
4. Colt/Stallion any age
5. Champion & Reserve Colt/Stallion
6. Gelding any age
7. Champion & Reserve Gelding
8. **SUPREME WALER**
 | **ANY OTHER REGISTERED HEAVY HORSE**1. Best Presented Any Other Heavy Horse
2. Horse Filly/Mare any age
3. Champion & Reserve Mare/Filly
4. Colt/Stallion any age
5. Champion & Reserve Colt/Stallion
6. Gelding any age
7. Champion & Reserve Gelding
8. **SUPREME ANY OTHER REGISTERED HEAVY HORSE**
 |
| **HIGHLAND PONY**1. Best Presented Highland Pony
2. Mare/Filly any age
3. Champion & Reserve Mare/Filly
4. Colt/Stallion any age
5. Champion & Reserve Colt/Stallion
6. Gelding any age
7. Champion & Reserve Gelding
8. **SUPREME HIGHLAND PONY**
 | **PERCHERON**1. Best Presented Percheron
2. Mare/Filly any age
3. Champion & Reserve Mare/Filly
4. Colt/Stallion any age
5. Champion & Reserve Colt/Stallion
6. Gelding any age
7. Champion & Reserve Gelding
8. **SUPREME PERCHERON**
 | May be an image of text that says "BOOMERANG EQUESTRIAN CENTER" |
| **CLEVELAND BAY**1. Best Presented Cleveland Bay
2. Mare/Filly any age
3. Champion & Reserve Mare/Filly
4. Colt/Stallion any age
5. Champion & Reserve Colt/Stallion
6. Gelding any age
7. Champion & Reserve Gelding
8. **SUPREME CLEVELAND BAY**
 | **ANY UNREGISTERED HEAVY HORSE**1. Best Presented Any Other Heavy Horse
2. Horse Filly/Mare any age
3. Champion & Reserve Mare/Filly
4. Colt/Stallion any age
5. Champion & Reserve Colt/Stallion
6. Gelding any age
7. Champion & Reserve Gelding
8. **SUPREME ANY UNREGISTERED HEAVY HORSE**
 |

**The following are to be judged by both judges**

## SUPREME JUNIOR OF THE SHOW

***ALL HORSES 3 YRS AND UNDER ELIGIBLE***

*Supreme Junior will win a rug and a sash*

**TOP 3 OF THE DAY AND SUPREME OF SUPREME *ALL SUPREME WINNERS ELIGIBLE*** *pick 4 horses, top 3 and supreme of supreme*

**Supreme of Supreme to win a rug and a Sash**

**30 minute break, ready for Ridden**

## Ridden Classes – Judged by both Judges

|  |  |  |
| --- | --- | --- |
| 1. **Lead Line**
 | 4. **ANY OTHER HEAVY HORSE**1. Ridden Mare
2. Ridden Gelding
3. Ridden Stallion
4. **SUPREME RIDDEN HEAVY HORSE**
 | 7. **FANCY DRESS****CAN BE RIDDEN OR LED** |
| 1. **JUNIOR 17 YRS AND UNDER**
2. Novice Ridden
3. Open Ridden
4. **SUPREME JUNIOR**
 | 1. **PART BRED HEAVY HORSE**
2. Ridden Mare
3. Ridden Gelding
4. Ridden Stallion
5. **SUPREME RIDDEN PART BRED**
 |  |
| 1. **CLYDESDALE**
2. Ridden Mare
3. Ridden Gelding
4. Ridden Stallion
5. **SUPREME RIDDEN CLYDESDALE**
 | 1. **RIDDEN OBSTACLE**

Trail Type (Anything from opening gates, obstacles, picking up and putting down objects, water, tarps) ***This will be decided on the day.*** |

## Sunday October 17 Harness Classes 9:30am Start - To be judged by both Judges

|  |  |  |
| --- | --- | --- |
| **JUNIOR DRIVER**Under 18 years old. Horse must be driven in long reins | **YOUNG HORSE OBSTACLE**Horse is to be led on the ground. This will be a timed event .Points will be deducted for any obstacle not achieved. 3 attempts at each item only. Horse under 3 years | **TEAM EVENT**Teams must have 3 team members in order to compete in this class.Please register your full team if you can, otherwise we will pair up as we can.This is a team-based event consisting of a long rein course, a log snig course and a sled course. 1 horse for each.Timed and accuracy |
| **BEGINNER DRIVER**Driver never won a novice event at a working show; horse must be driven in long reins | **JUNIOR DRIVER OBSTACLE**Must be driven in long lines, timed event. The obstacle course will be set up on the day.Judged on each obstacle and timed event. Max 3 attempts at each task | **SINGLE HORSE WHEELED CLASS**Single horse in a wheeled vehicleSingle wheeled and 4 wheelsJudged Separately |
| **OPEN DRIVER**Horse must be driven in long reins.  **Cannot compete in beginner** | **OBSTACLE DRIVEN**Must be driven in long lines, timed event. The obstacle course will be set up on the day. Judged on each obstacle and is a timed event.  | **PAIRED WHEELED CLASS**Pairs in a wheeled vehicle |
| **MAIDEN HORSE**Horse has never won a first place at a working show. Horse must be driven in long reins | **LOG SNIG**Horse must be driven in long lines. Drivers are not allowed to adjust, alter, assist the horse by moving harness or chains, once the course is started until horse and driver have finished the course.  | 19702311_10212407849964743_2803273804652871833_n.jpg |
| **OPEN HORSE**Horse must be driven in long reins. Cannot compete in maiden as well  | **SLED OBSTACLE**Collect the tennis balls going up and bend back through the cones coming back. Penalties apply for dropped balls and knocked cones.  |

## CCHS MEMBER’S INDEMNITY FORM

**PLEASE PRINT ALL DETAILS**

 **CCHS BRANCH:**

 **EVENT TITLE:**

 **NAME OF MEMBER IN CCHS EVENT:**

 **ADDRESS:**

 **CONTACT TELEPHONE NO:**

**EMAIL ADDRESS:**

I agree and consent to being a participant in the above outlined event. I hereby also agree to release, discharge and to hold the Commonwealth Clydesdale Horse Society harmless for any accidents, harm and/or loss, which I may suffer as a result of participating in the outlined event.

In addition, I hereby agree to indemnify the Commonwealth Clydesdale Horse Society and its servants, volunteers and agents for any loss, demands, damages, expenses, claims, actions and suits brought for and on behalf of myself and arising out of or in any way connected to the outlined event.

I authorise the Commonwealth Clydesdale Horse Society to obtain any medical or hospital treatment as in its opinion may be required for myself. I agree that this indemnity shall extend to the decision of the Commonwealth Clydesdale Horse Society to obtain or administer such medical treatment and I further agree to pay the costs of such treatment.

In the event of there being any known medical conditions for myself or the need to taking of medication which would affect the rendering of any urgent medical assistance, I give consent that my details be recorded below and kept in a confidential manner by the above named group organising this event.

**Known Allergies:**

**Medication:**

 **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

### PRIVACY DISCLOSURE STATEMENT

The Commonwealth Clydesdale Horse Society (CCHS) collects your personal information in order to administer the Clydesdale Show and for related purposes, such as promoting the event, or making claims on any insurance in connection with the event. Your information may be disclosed to service providers and other organisations who help to administer the show (Including medical practitioner St John Ambulance Officers and other health service providers) indemnity or insurance providers, other Commonwealth Clydesdale Horse Society branches, or organisations that have similar objects to the CCHS including breed associations recognised by the CCHS. Your information may also be disclosed if required or authorised by law.

We may also publish winners’ details on our websites or publications, or we may disclose information about you to the media for the purpose of publishing articles on your participation in the Show.

Tick this box if you do not want your information published or disclosed for these purposes.

We may also use your information to advise you about other CCHS events and services (such as further events) by post.

Tick this box if you do not want us to send you information by post.

You have certain rights to access personal information that we hold about you. To find out about this or if you have any other queries about our privacy practices, please write to: **The Secretary, CCHS Federal Council Inc., R.G. Bowles Pty Ltd, P.O. Box 1053, BENDIGO VIC 3552 or phone: (03) 5442 8890.**

 **CONDITIONS OF ENTRY**

 I have read the Privacy Disclosure Statement and have agreed to the statement as presented.

 **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Parent or Guardian must sign if Exhibitor is under 18 years)*

 Please note that we are unable to accept your entry form unless it has been signed.

#### INSURANCE

The CCHS has negotiated Public Liability Insurance for the coming year to accommodate the needs of the Members. Casual Day insurance is an option for non-Members to attend events, but it has increased to $20 for each event and is only available to people that have not been previous Members. Once you pay your Membership you are covered under the CCHS Public Liability insurance cover. The Insurance covers Members at all CCHS events, meetings, or field days, and training day activities.

**The Commonwealth Clydesdale Horse Society**

**Federal Council Inc.**

**Reg. No. A0019631A ABN 24 748 123 650**

**PO Box 1053 Bendigo Victoria 3552**

 **Telephone: (03) 5442 8890 Facsimile: (03) 5442 5264**

### APPLICATION FOR

**CASUAL DAY PARTICIPANT INSURANCE**

 **NAME: ....................................................................................................................................**

**ADDRESS: …..............................................................................................................................**

 **POSTCODE: .......................................... TELEPHONE: ......................................................**

**EMAIL: .................................................. FAX: ......................................................................**

**CCHS BRANCH: ......................................................................................................................**

**EVENT: ....................................................................................................................................**

I wish to compete in event conducted by this Society and/or a Branch of this Society and agree to pay the Casual Day Participant Insurance Levy. I understand that payment of this levy is required for insurance purposes and does not entitle me to membership of the Society. I am aware that after using this insurance levy **twice within a financial year,** I may be offered full membership by completing a CCHS membership application and pay the prescribed fee of $60.00 per annum to the Society, and that the annual Membership levy falls due on 1st July of each year.

I agree to abide by all decisions of the Society in relation to all matters arising out of or in connection with each event in which I participate.

***Enclosed please find remittance of $20.00 per event being for Casual Day Participant Insurance.***

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the participant accept the above agreement.**

**Signature:.......................................................... Printed Name: ...........................................**

**Date: ..................................................................**

**Note: $20.00 Fee includes GST**

### CCHS JUNIOR COMPETITORS INDEMNITY FORM

APPICABLE FOR PERSONS:

* UNDER 18 YEARS OF AGE &
* WHO HAVE PAID THE JUNIOR COMPETITORS LEVY **PLEASE PRINT ALL DETAILS**

**ATTENTION PARENTS/LEGAL GUARDIANS**

In order to ensure that your child/ward can participate in the CCHS event and appropriate care is taken for your child/ward, it is essential that you read and sign the following.

**CCHS BRANCH:**

**EVENT TITLE:**

**Name of Junior Participant in CCHS Event:**

**Date of Birth:**

**Name of Parent/Legal Guardian:**

**Address:**

**Contact Telephone No: Relationship:**

I agree and consent to my child/ward to participate in the above detailed Commonwealth Clydesdale Horse

Society Event. I hereby also agree to release, discharge and to hold the Commonwealth Clydesdale Horse Society harmless for any accidents, harm and / or loss which my child/ward may suffer or that I may suffer as a result of my child/ward participating in the outlined event.

In addition, I hereby agree to indemnify the Commonwealth Clydesdale Horse Society and its servants, volunteers and agents for any loss, demands, expenses, claims, actions and suits brought for and on behalf of my child/ward and arising out of or in any way connected to the outlined event.

I authorise the Commonwealth Clydesdale Horse Society to obtain any medical or hospital treatment as in its opinion may be required for myself. I agree that this indemnity shall extend to the decision of the

Commonwealth Clydesdale Horse Society to obtain or administer such medical treatment and I further agree to pay the costs of such treatment.

In the event of there being any known medical conditions for my cold/ward or the need for taking of medication which would affect the rendering of any urgent medical assistance, **I give consent that my details be recorded below and kept in a confidential manner by the above named group organising this event.**

**Known Allergies:**

 **Medication:**

 **Signature:** **Date:**

 **(Parent/Legal Guardian):o** **Date:**

**ENTRY FORM**

**Entries close 13 October 2021** **(no entries on the day)**

Members $10 a class

Second horse with same owner $8

Non members $12 a class

Second horse non member $10 a class

**Name:**

**Address:**

**Phone:**

**Email:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Class No** | **Breed** | **Class Name** | **Horse’s Name** | **Handler’s Name** | **Fees** |
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|   |   |   |   |   |   |
|      |      |      |      | **Subtotal**  | $  |
| **Insurance Non Members $20 (Covers both days)**  | $  |
| **Ground Fee Per Day ($10/day)**  | **$ 10** |
| **TOTAL**  | $  |

**PAYMENT DETAILS – Direct Deposit**

**Account Name:** CCHSWA **BSB:** 066 157 **Account Number:** 0090 7492

**Email:** tamwa@bigpond.com **Phone:** Susan 0414879854

Please include the following:

* Signed form (applicable to members and non-members)
* Registration papers
* Payment receipt