

Marshall

(Saturday afternoon)

Set-Up

Gear Checker

Pack Away

(Sunday afternoon)

# **BALDIVIS EQUESTRIAN & PONY CLUB DRESSAGE EVENT ENTRY FORM**

Sunday 24<sup>th</sup> April 2022

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 – 24yrs, Novice; 8 – 13yrs, 14 – 16yrs, 17 – 24yrs, Elementary; 8 – 16yrs, 17 & over, Medium; 8 – 24yrs

Open Classes by test.

## **CLOSING DATE: Sunday 17th April 2022 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 C (2013)		\$30 per test	\$20 per test			
Preliminary 1B (2019)		\$30 per test	\$20 per test			
Novice 2B (2019)		\$30 per test	\$20 per test			
Elementary 3B (2019)		\$30 per test	\$20 per test			
Medium 4B (2019)		\$30 per test	\$20 per test			
*Members of BEPC do not p	Ground Fee pay the Ground Fee	\$5.00				
	Yard Fee	\$10.00 per yard				
*Please pay by EFT, Cheque or Cash						
Electronic Funds Transfers: Account Name: BEPC  BSB: 036-060  Account Number: 128991 EFT Receipt No:						
*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 <sup>st</sup> January & Date						
Rider EWA (with PCWA insurance)#:PCWA #:PCWA #:						
Telephone #: Home:	Геlephone #: Home:Mobile:					
*You must be able to provide proof of membership/insurance on the day						
Name of Horse: Pony Club:						
Email <b>REQUIRED AS DRAV</b>	V WILL BE EMAIL	ED:				
Name of Helper:	Name of Helper:Contact #:					
It is a condition of entry that you provide a Helper for this event. Please number your preferred helper duties from 1-3. Every effort will be made to accommodate your request but we cannot guarantee that you will receive your preferred helper duty.						

Dressage Penciller \_\_\_\_\_

Canteen

Runner \_\_\_\_\_

### PONY CLUB OF WESTERN AUSTRALIA INC (PCWA)

#### **PCWA 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 PCWA event that neither the Club/Coach, participants, PCWA 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 CONSE	NT FOR UNDER 18	YEAR OLD PART	ICIPANTS:		
l,	being the parent/gua	peing the parent/guardian of the above named,			
necessary actions to ensure I am a consent to him/her participating. accidents causing death, bodily injuclub/coach, participants, PCWA or promoters, sponsors, advertisers, cliability whatsoever for the death or named or by me in or being present arising under the Trade Practices Actions	ware of the activity wh In doing so, I acknowl ury, disability and prope any subdivision thereconners and lessees of pro- any bodily injury, loss of t at any PC or PCWA EVE	ich the above named edge that equestrian erty damage can and of, officials, volunteer emises used to conduct damage which may be succept for any right.	n activities are dangerous and that do happen. I agree that neither the rs, medical personnel, any persons uct the EVENT(S) shall be under any be suffered or incurred by the above		
BY SIGNING HEREUNDER I CONFIRM ACKNOWLEDGE THAT THIS DISCLAIN I AND MY DEPENDANT ABOVE NAM THE DATE I HAVE SIGNED THIS FORM	MER IS VALID FOR ALL AU ED ATTEND WITHIN THE	JTHORISED CLUB, ZON	NE AND STATE PCAWA EVENTS THAT		
NAME (BLOCK LETTERS)		SIGNED			

DAY OF\_\_\_\_\_