NORTHAM AGRICULTURAL SOCIETY SHOW

For all inquiries contact Sue Britza – 0429461392 or Email: msbritza@bigpond.com

HACKING AND SHOW JUMP ENTRY FORM

NAME OF EXHIBITOR _____TEL NO _____
ADDRESS _____POST CODE: _____
EMAIL: _____
PLEASE PROVIDE OTT PASSPORT NUMBERS WHERE APPLICABLE
HEIGHT CERTIFICATES MAY BE REQUESTED BY JUDGE OR ORGANISERS

SHOW JUMP CLASSES

CLASS NO.	OTT PASSPORT NO.	RIDERS NAME	HORSES NAME	HEIGHT	ENTRY FEE
				TOTAL HACKING FEES	

HACKING AND RIDER CLASSES

CLASS	OTT Passport No.	HORSE NAME	RIDERS NAME	ENTRY FEE
			EA SHOWJUMPING LEVY $4 PER CLASS - MAX $24	
			TOTAL SHOWJUMPING FEES	

INCLUDE BANK REFERENCE WITH ENTRY

GROUND FEE $5.00 PER HORSE		
HACKING FEES		
SHOW JUMPING FEES		
EWA LEVIES @$4/CLASS - Max $24		
TOTAL ENTRY FEES		

Please indicate membership:
1. EWA_____
2. PCWA_____
3. Northam Agricultural Society - Full Member
4. Personal Insurance_____

All Banking Details as follows:
BSB:066524 Account Number: 10199730
Cheques to: Northam Agricultural Society
Email Entries to: msbritza@bigpond.com
Include your Bank Reference if emailed

ALL BANKING ENTRIES MUST HAVE REFERENCE OF "Your Name" + Equestrian

OFF THE TRACK
OTT Passport Number_____

Email Entries: msbritza@bigpond.com
Include Bank Reference TO: Northam Agricultural Society 066524-10199730-
Enter "Your Name" + Equestrian

DISCLAIMER FORM MUST BE COMPLETED by ALL COMPETITORS OF HACKING , BREED and SHOWJUMPING

Name……Address …….
……..
Phone …… Email address ……Mobile……...
Contact in case of emergency……Phone ……...
Date of Birth ……. (if under 18)--
Name of Guardian (if under 18years) ……

I agree to abide by the rules as set out by the Northam Agricultural Society Inc. and the Equestrian Australia (2025) whilst on the grounds designated by the Northam Agricultural Society and whilst participating in any and all activities officiated by the Northam Agricultural Society.

I,_____, confirm that I have read the whole of this document and have taken all necessary actions to ensure 1 am aware of the activity in which the above mentioned will participate at the 2025 Northam Agricultural Show and consent to him/her/me participating. In doing so, I acknowledge that Equestrian activities are dangerous and that accidents causing death, injury, disability and property damage do occur, I acknowledge and agree as a condition of participating at the 2025 Northam Agricultural Show that neither the Northam Agricultural Society Inc., its officials, employees and agents, participants, volunteers. medical personnel. any persons, promoters, sponsors, advertisers, nor owners or lessees of premises used to conduct the EVENT(S) shall be under any liability for either my death or the death of any rider, driver, passenger, attendant or any other participant for whom I am responsible or for any injury, loss or damage which may be sustained or occurred by me or any rider, driver, passenger, attendant or any other participant for whom I am responsible, as a result of participation in or being present at the Northam Agricultural Show

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By signing hereunder 1 confirm I have read and under -stood the contents of this Disclaimer together with the Rules & Regulations by which I agree to abide.

Name:(Print) _____ Signature: _____

Dated this: ____ _____ day of _____ 2026

I understand that my signature to this document constitutes a complete and unconditional release of all liability the Equestrian Australia Ltd including all its state bodies, coaches and affiliated clubs, to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

……

PARTICIPANTS 17 YEARS OF AGE and UNDER.

Before signing this disclaimer, please read Rules & Regulations in the schedule.

PARENT /GUARDIAN CONSENT for EXHIBITORS, RIDERS, , ATTENDANTS and ANY OTHER PARTICIPANTS 17 YEARS OF AGE and UNDER.

I, _____ being the Parent /guardian-for above name_____

Signed_____Date_____2026

INSURANCE: For Insurance purposes ALL competitors/Riders competing at this show/event MUST be covered for personal liability Insurance either as members of Equestrian WA, PCWA, OR personal indemnity Insurance. —See Entry Form

All Banking Details as follows: Northam Agricultural Society BSB: 066524 Account Number: 10199730

DISCLAIMER FORMS MUST BE COMPLETED AND DULY SIGNED

BREED ENTRY FORM

NAME OF EXHIBITOR _____TEL NO _____
ADDRESS _____POST CODE: _____
EMAIL: _____

ENTRIES CLOSE 10TH SEPTEMBER 2026

NOTE: REGISTRATION PAPERS INC. OTT PASSPORTSSENT WITH ENTRIES

CLASS	NAME OF HORSE	NAME OF RIDER	FEE
		GROUND FEE $5 PER HORSE	
		TOTAL ENTRY FEE	

All Banking Details as follows: Northam Agricultural Society
BSB:066524
Account Number: 10199730
Cheques to: Northam Agricultural Society
ALL BANKING ENTRIES MUST HAVE REFERENCE OF "Your Name" + Equestrian

CONDITION OF ENTRY

1 /we…….. do hereby certify that the above particulars are correct & 1 agree to conform and be bound by the By-Laws & Regulations as printed in this schedule for the Northam Agricultural Society Show & make these entries subject to By-Laws & the Uniform By-Laws made under the Royal Agricultural Society 1926

SIGNATURE: _____ **DATE: _____**
(IF UNDER 18, MUST BE SIGNED BY PARENT/GUARDIAN)