rriage Driving		ENTRY FORM			
NATION	S CUP	** Please o	complete & retu	rn Entry Form by 29th July 2024 **	
Name:					
Phone:	Mobile:		ACDS Club:		
Email:		ACDS Member No:			
		Equestrian Australia Member No:			
Junior Driver? YES N If Junior Driver, Name of Gro	•	te of Birth:			
(experienced driving person who is an ACDS member)			Groom's Member No:		
All ACDS Drivers will be All Equestrian Australia				n Australia Insurance Policy.	
Class:	s: Horse/Pony Name:		ACDS Reg. No. Height (cm) Age Fee: (\$90 per Class)		
TRAINING BOOKI		No. Days Requ	uired: ···		
Please indicate WHICH do	<i>WHICH days:</i> Tuesday 6th AUG Wednesday 7th AUG				
CAMPING & YAR	DS				
•	owered Sites (limited number) @ \$ 6.00 pc		No. Required:		
Horse Yards @ 20.00 fc	npowered Sites @ \$ 3.00 per Day Horse Yards @ 20.00 for whole Event YO portable yards but NOT allowed at powered si		No. Required: No. Required: es)	··· ··	
Yard to suit Size of Equine: VS		-	e Horse		
EVENT DINNER		equired:	@ \$30 per pers	on	
Special Dietary requirements:				TOTAL FEES:	
NOWLEDGEMENT:				EFT BANK DETAILS:	
NOWLEDGEMENT: competitors and their navigators/grooms compete at their own risk strian Australia nor their appointed officials accept any liability for s or damage to horses, grooms or any person or property whatsoever ring this event, agree to be bound by this regulation. I am aware of c as that applies to any insurance claim which may arise from my particip				Southern Highlands Carriage Club	
			. All competitors, by	BSB: 012 547 ACCT: 48207 1097	
				Please list your NAME as the reference and forv your payment Receipt & Entry Form via email to	

Competitor Signature:

Date:

CLUB TREASURER: & CLUB SECRETARY: Lesley Little & Yvonne Wood llittle@acenet.net.au shcarriageclub@gmail.com

Thank you!

(Parent/Guardian to Sign if under 18 years old)