



SELECTION AVAILABILITY DOCUMENT - KZNSJ

Event	
Date	
Venue	

Athletes Name	
Contact Number	
Email	
Horse/Pony Name	
Height at which athlete will compete	

Signature: _____

Date: _____

This form is to be returned to KZNSJ Office kzn@sashowjumping.co.za
It is the responsibility of the Athlete to ensure that the form has reached the office.