

EVENTING SOUTH AFRICA STABLING FORM – 2013 EVENTING SA

EVENT: DOLCOED CHRISTMAS SHOW at DOLCOED EQUESTRIAN **CENTRE** DATE: 14-16th December 2013 PHONE: _____ RIDERS NAME: _____ STABLE WITH: SPECIAL REQUESTS: HORSE'S NAME Tunnels FEE w/e per STALLION/ Height Dates (T R250) or **MARE** stabling horse /GELDING required Show (S R180) TOTAL (Stables will be open from 1pm Friday 13th) Approximate Time of Arrival: GROOM's NAME: ____ GROOM'S CELL: 1. I hereby confirm, as a Member or Temporary Member, that I will not hold the Organisers, the Dolcoed Equestrian Centre, Dolcoed Midlands Riding Club, ESA, SAEF, nor their Officials responsible for any loss, damage, theft, death or injury to any person, animal or property or anything appertaining to the show. I understand that all competitors and spectators take part entirely at their own risk. 2. I agree to the Rules and Regulations as set out in the Schedule and Entry Form and verify that the Equine Flu Vaccinations have been administered as stated above. 3. I undertake not to bring any horse/pony which has any infectious disease onto the premises by withdrawing from the Event and forfeiting my entry fee.

Date: _____

Signed: _____