

CENTRAL SOUTH CUTTING HORSE CLUB - ENTRY FORM



DATE OF SHOW

NAME

E MAIL

PHONE

Please provide Bank Details for prize money payment:

Name of account Account

EVENT	HORSE NAME	RIDER	ENTRY FEE 1 st Day	ENTRY FEE 2 nd Day
OPEN HORSE				
NOVICE HORSE				
OPEN NON-PRO				
LIMITED NON-PRO				
1500 NON-PRO				
ROOKIE RIDER				
RESTRICTED RIDER				
SNAFFLE BIT HORSE				
SNAFFLE BIT RIDER				
YOUTH/ YOUTH SNAFFLE				
LITTLE CUTTERS				
DAY FEE (if non member of NZCHA)			\$5.00	\$5.00
DAY TOTALS				
TOTAL TO BE PAID				

Please indicate if you have a TURNBACK horse to supply for the show. Please note a turnback horse must be a horse that other people can utilize/ ride for the purpose of turning back during the competition.

Name of TURNBACK HORSE

Please return this form to: J Taylor, 463 Bowally Road, RD 12, Oamaru 9495 or mtaitken1@gmail.com

Online payment to: CSCHC 06 0837 0291129 000 With ref: 1. Your name 2. Show date. 3. Entry

Waiver: I acknowledge that while attending CSCHC activities that I/we do so at my/our own risk. We will not hold the CSCHC, its members or agents liable for any personal injury or damage to property and waive any rights to sue the CSCHC for any losses associated with personal injury or damage to property.

SIGNED

DATE