



# ENTRY FORM



## RVS SHOW JUMPING TOURNAMENT 10-11 MAY 2008

Class	Horse	Pass Port No	Grd.	Flu nr & date	Owner	Rider	FEE
Medical Aid Fee N\$							25.00
Stabling @ N\$20.00per Night: .....nights x.....horses.							
Grass Bales @ N\$40.00per Bale (indicate No of Bales.....)							
Bag of Shavings @ N\$10.00per Bag (indicate No of Bags.....)							
Indicate Gender of Horse MARE..... GELDING..... STALLION.....							
TOTAL							

NAME.....ADDRESS.....

TELEPHONE NO (H)..... (W)..... (CELL).....  
(E-MAIL).....

I declare that the above particulars are true and agree to be bound by the relevant rules of NAMEF & RVS.

.....  
**Signature**

.....  
**Date**

THE COMPETITOR UNDERTAKES NOT TO BRING ANY HORSE TO THE SHOW WHICH HAS AN INFECTIOUS DISEASE, WHETHER NOTIFIABLE OR NOT, OR WHICH HORSE THE COMPETITOR COULD REASONABLY BE EXPECTED TO KNOW HAS INFECTIOUS DISEASES OR MAY BE SPREAD AN IFECTIOUS DISEASE. THE COMPETITOR UNDERTAKES TO WITHDRAW THE HORSE FROM THE EVENT (WITH FORFEITURE OF ENTRY FEE), IF SUBSEQUENT TO ENTRY IT SHOULD DEVELOP, OR SHOULD CIRCUMSTANCES ARISE UNDER WHICH THE COMPETITOR CAN REASONABLY BE EXPECTED TO KNOW WHAT THE HORSE HAS DEVELOPED OR MAY DEVELOP, ANY SUCH DISEASE OR ABILITY TO SPREAD SUCH DISEASE.