

ABCRA CAMPDRAFT ENTRY FORM

COMPETITORS – MAKE COPIES AND USE FOR YOUR ENTRIES - ONE FORM PER RIDER



EVENT NAME: _____

EVENT DATE: ____/____/____ TO ____/____/____

COMPETITOR DETAILS (Please Print)

GST REG'D: YES NO A.B.N: _____

NAME: _____

PHONE: _____ FAX: _____

ADDRESS: _____

EMAIL: _____

TOWN: _____ PC: _____

HOME P.I.C Number: _____

PIC NUMBER MUST BE PROVIDED

ABCRA MEMBERSHIP NUMBER: _____ *NOTE: If ABCRA membership is un-financial or no membership number is supplied above an event membership will be charged on the day.*

I acknowledge that in submitting this entry, if I do not supply a valid membership number or horse registration number that neither I nor my horse (if ABCRA registered) will be eligible to receive any points that I may otherwise be eligible for.

SIGNATURE: _____ DATE: _____

RIDER	ORDER OF RUN (E.G. 1,2)	ABCRA HORSE REGO NO	HORSE NAME	MAID	NOV	OPEN	LAD	JNR	JUV	ENC			ENTRY FEE
TOTAL ENTRY													