KAIKOHE A. P. & H. ASSOCIATION **ANNUAL SHOW** **Saturday 19 January 2019**

EQUESTRIAN ENTRY FORM - POSTAL ENTRIES CLOSE: Friday 11 January 2019

Name of Rider	Name of Animal	Class Numbers						Fees

Name:	***Post this form with the required certificates and payment to*:**	**Page total**	
Address:	**Kaikohe A.P. & H. Association** **PO Box 295** **Kaikohe, 0440**	**Extra pages**	
		Membership (Optional) $25.00	
		Camping Fee: $10 per night	
	Internet Banking: *GST No. : 10-196-957*	**Horse pen- $10 per night or day per pen**	
Phone:	**Bank Account: 02-0332-0015436-00** **Particulars:** *Your name* **Code: Reference:***Equestrian*	**Ground Levy**	**4. 00**
Email:	**Please ensure name on Entry Form & our Bank Statement will match** .	**Total Payment**	

By signing this form, I confirm all the riders listed have read and understood the Show Health and Safety Requirements and Guidelines
SIGNATURE:

Attach copies of current RAS Height Certificate and bring originals on Show Day