

162th Horse Show
Saturday 26th & Sunday 27th October 2019



SHOW JUMPING ENTRY FORM -

- One Entry Form Per Rider (Not Horse) - All Riders to Complete accompanying Indemnity & Waiver Form & return with Entry -

Class Number	1	2	3	4	5	6	7	8	9	10	11	
Class - Ring 1	Laucke Mills 1m Progressive	Gawler Stock Feeds Open 1.05	Twin Creek Pastoral Co 1.10m	Just Ribbons & Rosettes 1.15m One Round Stakes	Evolution Animal Feed Nowie League	Pryde's Easi Feed Platinum League	Barossa Veterinary Service Newcomers Classic	Johnson Natural Formula Open 1.10m	MSS Kapunda Classic	Johnsons Natural Formula round of the Baiharry Trophy	Reed Australia Fosters Cup Championship	
Entry Fee	\$7.00	\$8.00	\$10.00	\$11.00	\$14.00	\$20.00	\$13.00	\$11.00	\$15.00	\$20.00	\$13.00	

NAME OF HORSE, RIDER & EA NUMBER												

Class Number	14	15	16	17			18	19	20	21	22	
Class - Ring 2	50cm	60cm	70cm	80cm			Encourage Progressive 60cm	Encourage Progressive 70cm	Encourage Progressive 80cm	Encourage Progressive 90cm	Encourage Progressive 1m	
Entry Fee	\$6.00	\$6.00	\$6.00	\$6.00			\$8.00	\$8.00	\$8.00	\$8.00	\$8.00	

NAME OF HORSE, RIDER & EA NUMBER												
Tick the events you nominate for the Northern Triangle Showjumping (NTS) Competition for Saturday												

Do you wish to enter the Northern Shows Aggregate? (Tick appropriate box)

Yes: — D.O.B: If Junior PIC Number: _____
 No: — under 18

Rider Details

Name: _____

Postal Address: _____

Ph: _____ D.O.B: _____

Email: _____

Sub Total	\$	
Admin Fee	\$	5.00
Camping Fee unpowered (\$15.00)	\$	
Livestock Membership	\$	15.00
Total Payable	\$	

Print & Post: The Secretary
 PO BOX 85, KAPUNDA SA 5374
Email/Online: kapundashow@gmail.com

PAYMENT OPTIONS

Cheque/Money Order

EFT: BSB: 105 006
 A/C: 059 126 740
 Name: Kapunda Show Society
 Ref: Rider's Name

Important Note: Fax and Email/Online Entries are be accompanied by notification of Payment of Fees i.e. EFT Receipt
 No

Entries Close:
 Last Mail: Wednesday 23th October 2019
 Entries received after this date will incur a \$5 per horse surcharge.

I/We understand & acknowledge that the details entered on this form are accurate, have read & will abide by the rules & regulations as stated in the program, & have read, signed and enclosed with this entry the Indemnity & Waiver form:

Signed: _____ Date _____

If Under 18 Parent/Legal Guardian to sign