

Queanbeyan Show Society Inc.

Est. 1891

ABN: 56 490 881 952

NO REFUNDS WILL BE GIVEN UNDER ANY CIRCUMSTANCES APPROVED HORSE ENTRY FORM FOR SPORTING EVENTS

NUMBER OF HORSES COMPETING	OFFICE USE ONLY
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CLASS NO	HORSE'S NAME IN FULL	OWNER'S NAME	RIDERS NAME	ENTRY FEE

I hereby apply to enter the above on this entry form in the event numbers indicated. I have read the rules and conditions and make this application and agree to abide by them at all times. I hereby release the said Association from any claim or loss to myself, employee, horse or equipment.

Name: _____ Signature _____

Address: _____ Telephone _____

If youth entry please also complete the following:

Date of Birth _____ I hereby permit _____ to compete in the above show.

Signature of Parent or Guardian: _____

(All entrants) Dated this: _____ day of _____ 200_.