

## WAITEMATA RIDING CLUB INC ENTRY FORM



DATE OF COMPETITION	ON:			
NAME OF COMPETIT	ION:			
RIDER'S NAME:				
HORSE'S NAME:				
MEMBERSHIP NUME	BER:			
	CLASS	FEE		
	TOTAL FEE			
	GROUND FEE			
	TOTAL PAID			
		T		
Did you pay by Internet Banking (Please use references as outlined for the events on the Events page) National Bank - 06 0254 0001134 00		YES/NO		
		Payment Date:		
I understand that neither the WRC, Woodhill Sands, nor any other venue, nor any representative of those bodies, accepts any liability for any accident, loss, damage, injury or illness to horse/pony, riders, spectators, land, vehicles or any personal property whether caused by their negligence or breach of contract in any way whatsoever.				
I	have read and understo	ave read and understood this document. DATE:		
PHONE NUMBER:				
EMAIL ADDRESS:				