



## HORSE RIDING CLUBS ASSOCIATION of VICTORIA INC. TEAM ENTRY FORM

**Summary of entry details. Attach Standard Entry form for each rider. Use for all Official HRCAV Team Events. One TEAM only per form.**

EVENT:										
TEAM COORDINATOR DETAILS (Team coordinator will be registered as the point of contact for communications from Event Organisers and is responsible for conveying information to team members)										
NAME:			ADDRESS:					POSTCODE:		
PHONE NO: BH:			AH:			EMAIL:				
CLUB NAME:						TEAM NAME:			TEAM PRIORITY:	
	HRCAV NO:	RIDER NAME:	Age if Under 18 Yrs	HORSE HEIGHT (Showing)	HORSE'S COMPETITION NAME:	MEMBER'S PHONE NO:	LEVEL Entering	*Dressage Level:	FEES:	
1									\$	
2									\$	
3									\$	
4									\$	
*NOTE: Riders' Dressage Levels must be recorded on entry for CT or HT events.						Please use separate Stable/Yard Booking Form, if these facilities are available (as stated on the Program).				
The following rider/s are ineligible to compete under judge/s named on attached individual entry form/s (circle): Rider no. 1 2 3 4						No. of People attending the Dinner/Function:				\$
						Medical levy (Jumping disciplines and TTT events only)				\$
EMERGENCY CONTACT (DAY OF EVENT): NAME: PHONE:						Facility fee (if applicable)				\$
						Team Fee:				\$
						<b>TOTAL FEES:</b>				\$
<b>VOLUNTEER HELPER INFORMATION (if applicable):</b>						<b>VOLUNTEER HELPER INFORMATION (if applicable):</b>				
NAME:			Age if under 18 yrs:			NAME:			Age if under 18 yrs:	
ADDRESS:			P/CODE			ADDRESS:			P/CODE	
PHONE NO: BH:			AH:			PHONE NO: BH:			AH:	
			email:						email:	
Areas of Experience (eg. CC Jump Judge, Penciller, Scorer, etc)						Areas of Experience (eg. CC Jump Judge, Penciller, Scorer, etc)				

**President or Secretary to sign below to indicate Club endorsement of team entry.**

Name: \_\_\_\_\_ SECRETARY/PRESIDENT (Delete as applicable) Signature: \_\_\_\_\_ Date: / /