

2012 AUTUMN SHCV CLASSIC

NOMINATE ENTRY

COVER SHEET



PLEASE PRINT CLEARLY

EXHIBITOR NAME: _____ MEMBERSHIP NO: _____

POSTAL ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____ MOBILE NUMBER: _____

FAX NO: _____

SIGNATURE: _____ DATE : _____

I have completed my entries for the Autumn SHCV Classic via the Nominate website. Please find enclosed the following information :

- Copy of the Nominate Receipt / Entry Record
- Copy of Registration Papers for **ALL** Horses / Ponies entered for this event
- Copy of SHCV 2011 / 2012 Membership Card for all signatories below
- Completed section below

Entry in this event shall constitute an agreement and affirmation from all participants (which includes, without limitation, the Owner/s, Responsible Officer, Lessee, Manager, Agent, Rider, Handler and the Horse) for themselves:

1. I/We have read/have had access to the Show Horse Council of Australasia Inc. Competition Rules and the Show Horse Council of Vic. Inc. Regulations and Conditions of Entry applicable to this Event.
2. I/We will compete subject to and agree to be bound by the Show Horse Council of Australasia Inc. Competition Rules and the Show Horse Council of Vic. Inc. Regulations and Conditions of Entry applicable to this event.
3. By voluntarily participating at this Event, I/We will accept ad final any decision of the Show Horse Council of Vic. Inc. or Ground Jury in regard to any incident arising from or in connection with this event. I/We agree to indemnity and hold harmless the Show Horse Council of Vic .Inc, and/or Officials, Stewards, Judges, Committee for any action taken in relation to this event.

SIGNATURES BELOW AFFIRM YOU HAVE READ AND AGREE TO THE ABOVE REQUIREMENTS OF ENTRY

Name of Owner/s:
(As shown on Horse Registration Papers)
(MUST be a current financial member of SHCV)

Signature of Owner/s:
(Parent/Guardian to sign if under 18yrs)

Membership Number:

Name of Exhibitor:
(MUST be a current financial member of SHCV)

Signature of Exhibitor:

Membership Number:

Name of Responsible Officer:
(MUST be a current Financial Member of SHCV)
(Person 18yrs & over in charge of horse)

Signature of Responsible Officer:

Membership Number:

NOTE: ALL NAMES & SIGNATURES MUST BE PROVIDED IN EACH LOCATION
NOTE: RESPONSIBLE OFFICER MUST BE 18YRS & OVER AND A CURRENT FINANCIAL MEMBER OF THE SHCV INC.