

Day Attendance Application for Open Sections

All open section participants must complete one of these forms before riding.

Competition Details

COMPETITION/ACTIVITY NAME: **MARK SAGONA MEMORIAL SHOW 2012**
 COMPETITION VENUE/ADDRESS: **65 REGENT ST, MERNDA MELWAYS REF: 390 B11**
 COMPETITION DATE: **MONDAY, 11TH MARCH, 2013**

Attendee Details

FULL NAME
 (PARTICIPANT):.....
 FULL NAME (GUARDIAN IF PARTICIPANT UNDER 18YEARS):
 ADDRESS:
 SUBURB/TOWN: STATE:..... POSTCODE:
 PARTICIPANT DATE OF BIRTH: AGE:
 BEST DAYTIME CONTACT PHONES:
 EMAIL:
 HORSES NAMES:
 ADDRESS HORSE TRAVELLED FROM/TO:
 VEHICLE/FLOAT REG NO..... VEHICLE TYPE:

Member of (please Circle) **PCAV HRC AV EV Other**.....

Membership Number.....

Competitor Declaration Form

Event Name: **Mark Sagona Memorial Show** Date: **11th March 2013**

Biosecurity is a condition of participation in this event. Please complete and sign this form and present to the ticket secretary on the day. In the event of outbreak of disease, eg. EI, it is crucial that we track down every horse that has taken part in our event. To do that, we need to record where they will have come from and their destinations thereafter.

Registered Name of Horse and/or name as entered	Address from where horse will come from.	Address to where the horse will go after event

Health of Horse (s): I declare that the horse named above will be in good health, eating normally and not showing signs of respiratory disease during the last 3 days leading up to this event. I give my authorisation for the Event Secretary to call for veterinary inspection of the horse/(s) named above and in my care should they be showing signs of respiratory illness at any time during the course of the event. I agree to pay any veterinary fees incurred as a result of this veterinary examination.

Horse Event Declaration Waiver: I understand that due to diseases such as equine influenza, the Victorian DPI, or other State or Commonwealth government body, may restrict or prevent the movement of horses, vehicles and personnel for a period of time ('Standstill.'). I acknowledge and agree that a Standstill is a risk of competing at this event and I agree to pay all costs or expenses as a result of a Standstill.

Biosecurity Guidelines: I have read and understand the PCAV Biosecurity Guidelines on the website www.ponyclubvic.org.au and I will act in accordance with these guidelines.

Refund Policy: I understand that Mark Sagona Memorial Show. will refund all entry fees if the event is cancelled prior to 48 hours before the event. If the event is cancelled within 48 hours or during the event, the organisers will refund less the value of already incurred expenses.

Signature of Person Responsible for Horse: _____

Print Name: _____ (Parent/Guardian to sign for riders under 18)

Person who will transport the Horse (if different from above):

_____ **Phone/Mobile:** _____