

Name of club.
Indoor Driving Event

Date
 Location

ENTRY FORM

Name: _____

Phone: _____ Mobile: _____

Email: _____

ACDS Affiliated Club: _____ ACDS Member No: _____

Junior Driver: YES / NO (Please Circle) If yes, date of birth: ___ / ___ / ___

If Junior Driver, name of groom (experienced driving person who is an ACDS member
 _____ (ACDS member no _____)

Entry Fees: \$Add

Class	Horse/Pony Name	ACDS Reg No.	Horse/Pony Height	Horse/Pony Age	Fee
Number of people camping _____ @ \$Add per person					
Undercover yard \$add (no charge for outdoor yards)					
Stables @\$add					
Have you sent payment via direct deposit (Please circle)		Yes	No	TOTAL ENCLOSED	\$

All competitors and their navigators/grooms compete at their own risk. Neither the ACDS, nor their appointed officials accept any liability for any accident, theft, illness or damage to horses, grooms or any person or property whatsoever. All competitors, by entering this event, agree to be bound by this regulation. I am aware of and agree to pay the excess that applies to any insurance claim which may arise from my participation in this event.

Competitor Signature: _____ Date: _____

Parent/Guardian Signature (if under 18 years old) _____

Please complete and return form by **add date** to:
Add information

All cheques should be made payable to
Name of club
 Direct Deposit to **name of bank**
 Name: **name of account**
 BSB: **add** Account No **add**