



Franklin Agricultural & Pastoral Society
 P O Box 32, Pukekohe. Ph 09 238 8773 Fax 09 238 9024
 email: enquiries@pukekoheshowgrounds.co.nz
www.pukekoheshowgrounds.co.nz
 GST Registration 10-224-772

**Entry Form for
 EQUESTRIAN EVENTS**

SECTION: _____

**130th Show
 20th - 21st February 2016**

Entries Close Friday 22nd January 2016

Late entries accepted with a 50% late fee until Friday 12th February. No entries accepted after this date.

Office Use Only	Name of Animal	Rider or Handler's Name	Class Numbers to be Entered								Horse/Pony Reg. No	Entry Fee	
												\$	c

HEIGHT CERTIFICATES

A copy of your current RAS Height Certificate and performance card must accompany entry forms. If not, the entry will not be accepted. Original Height Certificate must be carried by the Rider/Handler on Show Day & must be produced on request.

TESTING FOR FORBIDDEN SUBSTANCES

The attention of exhibitors is particularly drawn to the conditions relating to the misuse of drugs and forbidden substances, and the intention of the committee to undertake testing for forbidden substances.

Total Entry Fee		
Ground fee @ \$5.00 per horse		
Yards @ \$10.00 per yard for the show		
Sub-total		
Annual Membership \$55.00		
Catalogue of Horse Entries @ \$8.00		
Total Payable		

(Please make cheques payable to Franklin A&P Society)

(online payments **03 0406 0567736 00** please use your name in ref column)

Entries close Friday 22nd January 2016

EXHIBITOR DECLARATION: I hereby make the above entries subject to the Bylaws, Rules & Regulations of the Franklin A&P Society and the Royal Agricultural Society of New Zealand. I accept the Association's conditions of entry and indemnify the association under the provisions of the Health & safety in Employment Act 1993 and its subsequent amendments. I have read, accepted and will abide by the rules & regulations as printed in the Schedule of Classes. My signature hereto (on this entry form) and/or participation in the competition/s denotes my acceptance of these conditions.

Signed: _____ Date: _____

Exhibitor Name		
Address		Postcode
Telephone:	Fax:	Email:
OFFICE USE ONLY		
Vehicle Passes:		A&P Exhibitor Passes: