

ENTRY FORM

** Please complete & return Entry Form by 23rd Sept 2025 **

Name:				
Phone: Mo	bile:	ACDS Clu	ıb:	
Email:		ACDS Member No:		
	Equestrian Australia Member No:			
Junior Driver? YES NO If Junior Driver, Name of Groom	If yes, Date of Birth:			
(experienced driving person who is an ACDS member)		Groom's Member No:		
All ACDS Drivers will be cove All Equestrian Australia Driv		•	Australia Insurance	Policy.
Class: Hors	e/Pony Name:	ACDS Reg. No.	Height (cm) Age	Fee: (\$110 per Class)
TRAINING BOOKING Specific Training Days @ \$55 Please indicate WHICH days:		uired: Wednesday Thursday 2		
CANADINIC 9 VADDO	** FRIDAY 3rd OCT is a	•		
CAMPING & YARDS Powered Sites (limited number Unpowered Sites @ \$5.00 per Horse Yards @ \$20.00 for who (BYO portable yards but NOT)	Day ole Event	No. Required: No. Required: No. Required:		
Yard to suit Size of Equine: VSE	•	e Horse		
EVENT DINNER	No. Required:	@ \$45 per persor	1	
Special Dietary requirements:			TOTAL FEES:	
MOWLEDGEMENT: Impetitors and their navigators/grooms compete at their own risk. Neither the ACDS, itrian Australia nor their appointed officials accept any liability for any accident, theft, is or damage to horses, grooms or any person or property whatsoever. All competitors, by			EFT BANK DETAILS: Southern Highlands Carriage Club BSB: 012 547 ACCT: 48207 1097	

ACKN

All co Eques illness 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 Date: Signature:

(Parent/Guardian to Sign if under 18 years old)

Please list your NAME as the reference and forward your payment Receipt & Entry Form via email to:

CLUB TREASURER: Lesley Little llittle@acenet.com.au

& ASSISTANT CLUB SECRETARY: Yvonne Wood shcarriageclub@gmail.com

Thank you!