**SILVER ANNIVERSARY LEVEL 4 CDE – 19/20 OCTOBER 2019**

**ENTRY FORM**

Driver’s Name:

Address: 

Telephone:  E-mail: 

Member No.: ACDS Club PIC No.

Are you a Junior Driver? D.O.B 

Anticipated day of arrival Vehicle Measurement for dressage and cones:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Class** | **Driver** | **Horse/Pony** | **Height****cm** | **Age** | **ACDS** **Reg No.** |
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| --- | --- | --- | --- |
| Entry Fee | $130 per class |  | $130.00 |
| Camping $10 per night **per entry** | $ |
| Yard Booking (first come first served) – 16 yards only $20 per horse | $ |
| Complimentary Welcome BBQ Number of attendees …………… |  |
| Event Dinner @ $25 per head Number of attendees ……. | $ |
| **Total amount enclosed payable to BCDC** | $ |

**Please read the following carefully before signing entry form**

Any person causing a claim to be made against the ACDS Insurance Policy is personally liable for the excess amount in full as determined by the insurance policy at the time of the incident. I agree to abide by, and adhere to, the rules and by-laws of the Australian Carriage Driving Society, the Rules for Driving with ACDS variations and all conditions of entry and information as stated in the event schedule.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(if junior driver, signature of parent or guardian required)

Please make cheques payable to BCDC.

Payment may also be made by direct deposit

Bendigo Bank: **BSB 633 108 Account number 157 962 069**

Please include your name and email payment receipt to dougw2078@gmail.com

**Entries close 14 October 2019**

**Please Mail Entries to:**

**Doug Willcoxson PO Box 71, Bungendore NSW 2621**

**OR email:** **dougw2078@gmail.com**