**Level 4 Combined Driving Event**

**Saturday 8th and Sunday 9th February 2020**

**ENTRY FORM**

**Entries Close 30 January 2020**

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| **Driver:** |  |
| **Address:** |  |
| **Phone:** |  | **Email:** |  |
| **Club:** |  | **Member No:** |  | **PIC No:** |  |
| **Junior Driver:** | **🗆** |  | **🗆** |  |  |
|  | **Yes** |  | **No** | **Date of Birth** |
| **Name:** |  | **Signature:** |  |
| **If a Junior Driver, Signature of Parent or Guardian Required** |
| **Vehicle Wheel Measurement for Dressage and Cones:** |  |

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| --- | --- | --- | --- | --- |
| **Class** | **Horse/Pony** | **Height (cm)** | **Age** | **ACDS Reg No** |
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| **Entry Fee** (per Class): | $90.00  | **Sub Total:** |  |
| **Camping**  | Power and Showers available - $15.00 per camp site for one day |  |
| **Dinner - $15 per Meal** | Any Special Dietary Requirements? | No 🗆 | Yes  | Please List? |  |
| **No of Meals** | Choice of: | Chicken |  | Spaghetti Bolognaise |  | Casserole |  | **Total for Meals** |  |
| Meals are served with salad or rice and a dessert |  |
| **Trivia** | ……… persons at $5.00 per person |  |

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| **PLEASE NOTE:** if you are competing in the GDDQ and Level 4 CDE, and paying for Camping, Meals and Trivia, ***please fill out the details on this Form only.*** | **TOTAL AMOUNT:** |  |

Please make cheques payable to Eastern Vic. Pleasure Harness Club and mail to the address below along with your entry form. Direct Deposit **BSB:** 633108 **Acc No:** 1581 12185. **Please use your surname as a Reference.**

Please Post Entries to: Ann Berrett, PO Box 35, TOONGABBIE, VIC 3856 or Email to annber2016@outlook.com. Please ensure scanned documents are in **.pdf format** and **NOT** pictures.

**(Please tick the appropriate Box)**

* The horses/ponies listed are the only ones I am bringing to this event
* I have contacted the Secretary and have permission to bring additional horses/ponies to the event and have provided their details.

*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.*

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| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |