



# AUSTRALIAN NATIONAL WORKING EQUITATION LTD WA BRANCH

## COMPETITION ENTRY FORM

| NAME OF RIDER | ANWE WA MEMBERSHIP # | NAME OF HORSE<br><small>*Please indicate if horse is a stallion*</small> | CLASS NAME/NUMBER<br><small>*Please state if you are a JUNIOR/ YOUNG RIDER or PARA RIDER*</small> | ENTRY FEE |
|---------------|----------------------|--|---|-----------|
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|               |                      |  |   |           |

I: \_\_\_\_\_ Of: \_\_\_\_\_

Agree to abide by the rules & regulations for ANWE WA INC and ANWE LTD.

I acknowledge that any activity involving horses & including Working Equitation carries a high risk of injury or death to riders and horses. I understand and accept this statement to be true and correct, and have chosen of my own free will to participate in such an event.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Primary Care Giver to sign for participants under the age of 18 years of age:

Name of Parent/Care Giver: \_\_\_\_\_ Signed: \_\_\_\_\_ Date \_\_\_\_\_

### **\*PAYMENT DETAILS\***

**Acc Name: AUSTRALIAN NATIONAL WORKING EQUITATION WA INC BSB: 633 000 Acc No: 160174819**

**PLEASE SEND EFT RECEIPT WITH YOUR ENTRY FORM.**