CAINRS SHOW ASSOCIATION

Receipt No:________________

PO Box 811
BUNGALOW QLD 4870
Ph: (07) 4042 6630
Fax: (07) 4031 3671
Email: entertainment@cairns-show.com
Website: www.cairnsshow.com.au

Carded ☐
Posted ☐
Entered ☐
ABN 14 009 656 222

DRESSAGE ENTRY FORM 2008

SECTION 2

OFFICE USE ONLY	CLASS NO	NAME OF HORSE	EFA HORSE REG NO	RIDER'S NAME AND EFA NUMBER	BRIDLE NO	ENTRY FEE
					TOTAL $	

STATEMENT BY COMPETITOR

It is a condition of entry to Cairns Show Association that all exhibitors must complete a declaration of their taxation status. Tick the **appropriate box** and record **ABN** where applicable. I agree that the CSA may issue Recipient Created Tax Invoices in respect to Prize Money. I will notify the CSA if I cease to be registered for GST.

Are you undertaking this activity as a hobby? Yes ☐ No ☐
Is this activity part of a business enterprise? Yes ☐ No ☐
If Yes, do you have an ABN Yes ☐ No ☐
If Yes, what is your ABN __ ___ ___ ___

PLEASE PRINT CLEARLY

Mr Mrs Miss Ms *Please circle*	**SURNAME:**		
FIRST NAME:		**DOB: / /** *If under 18*	
POSTAL ADDRESS:			
SUBURB:		**POST CODE:**	
PHONE:		**MOBILE:**	
EMAIL:			

Please accept my above entries subject to the General Conditions of Entry & Competition and Conditions of Entry of your Association. I have read and signed the Indemnity clause on the reverse side of this form.

I have READ and WILL COMPLY WITH the equestrian/dressage schedule.
I declare that the horse / s ____ is / is not EFA registered and has ___ points. (Note:- points and registration apply to a horse for life. Owners who give incorrect information may be fined by the EFA.

SIGNATURE……………………………………………………. DATE …………………………………

Please see reverse of form

CAIRNS SHOW ASSOCIATION

INDEMNITY

The competitor agrees to:

1. Indemnify Cairns Show Association against any liability whatsoever for any injury loss or damage sustained by me, my horse or my equipment at the Cairns Show.
2. Compete and exhibit at the Cairns Show at my own risk entirely.
3. Forfeit any right to any claim, demand or action against Cairns Show Association or elate bodies arising out of the conduct of the Cairns Show.
4. Declare my horse and equipment are in sound condition.
5. Consent to receiving any medical treatment including ambulance transportation that event organisers think desirable as required during the Cairns Show.
6. I have read the contents and fully understand all details of this form. I am 18 years of age or over.

Dated at **this** **day of** **2007**

…… ……..
Competitor / Exhibitor Witness

As a parent or guardian of the competitor / Exhibitor who is under the age of 18 years, I agree to the above for myself and on behalf of y child I indemnify and keep indemnified all people and corporations associated with the conduct of the event on the terms referred to.

Dated at **this** **day of** **2007**

…… ……..
Parent / Guardian Witness