

# KELMSCOTT



# SHOW

## 2017 SECTION S - HORSES ENTRY FORM

**NOTE: New Venue location run under the auspices of the KAS. Full Details in Schedule**



AFFILIATED WITH THE ROYAL AGRICULTURAL SOCIETY OF WA

P.O. Box 40, Kelmscott WA 6991  
Phone: (08) 9495 4001  
recorder@kelmscottshow.com.au, www.kelmscottshow.com.au  
Showground: Rushton Park, River Rd Kelmscott

**OFFICE USE ONLY :** \_\_\_\_\_ TO \_\_\_\_\_

For Entry Conditions, Privacy Statement, Return by Dates and Lodging of Entry Forms, Direct Deposits to KAS please refer to "How to Exhibit" and "Information For Exhibitors" printed in the Schedule. Entry Fees are as specified in each Section of the Schedule.

**A SEPARATE ENTRY FORM IS REQUIRED FOR EACH EXHIBITOR.** Photocopied forms are acceptable (Electronic versions available for download on the KAS website). Free entry for rider and one helper per horse only for Entries received by Due Date.

EXHIBITORS ARE REQUESTED TO LODGE THEIR ENTRIES **AS EARLY AS POSSIBLE.** ENTRIES WILL NOT BE REGISTERED UNTIL FEES ARE PAID. **LATE ENTRIES (on the day) will incur an extra \$15 late fee.**

### OFFICIAL HACK & SHOW HUNTER – Horse / Pony can only compete in either Show Horse or Show Hunter

Horse Name	EFA/HC No.	Group S1	Group S2	Height	Height Sighted	Entry Fee	
						\$	c
<b>TOTAL \$</b>							

### OFFICIAL PUREBRED ARABIAN SHOW GROUP S3

Horse Name	EFA/HC No.	AHSA No.	Group S3	Height	Height Sighted	Entry Fee	
						\$	c
<b>TOTAL \$</b>							

**RISK WARNING: PLEASE NOTE THAT EQUESTRAIN ACTIVITIES ARE DANGEROUS AND THAT ACCIDENTS CAUSING DEATH, INJURY, DISABILITY AND PROPERTY DAMAGE, CAN, AND DO OCCUR.**

Boots and a safety helmet must be worn at all times when on horseback. The currently approved safety helmet standards are: Australian (AS/NZS 3838), European (EN 1384) and USA (ASTN F1163).

**ALL RIDERS WILL BE REQUIRED TO SIGN A DISCLAIMER PRIOR TO RIDING IN THE 2017 Make Smoking History Kelmscott Show. This Form will be available to download from our website or on the day.**

I certify the above particulars are correct, and I agree to confirm to and be bound by the By-Laws and Regulations and Privacy Statement as printed in the Schedule of the 2017 Make Smoking History Kelmscott Show, and make these entries subject to the ordinary Rules, such Regulations and By-Laws of the Society, and hereby hold the Society free from any liability in connection with any mistakes or errors that may be made in these entries or in the Catalogue of Exhibits.

Exhibitor's Name: \_\_\_\_\_ Exhibitor ID: \_\_\_\_\_ (Office Use)

Riders Name: \_\_\_\_\_ Age: \_\_\_\_\_

Riders Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ (parent or guardian if under 18) Date: \_\_\_\_\_ I have exhibited before : Yes / No Year: \_\_\_\_\_

Survey- I collected the schedule collected from (location): \_\_\_\_\_