



*Your City. Your Trust.*  
**Invercargill Licensing Trust**

**Event Director**

Mary Adams  
 03 2361164  
 027 4361210  
[h.dave.adams@farmside.co.nz](mailto:h.dave.adams@farmside.co.nz)



**SOUTHLAND**

**Event Secretary**

Gail Poole  
 03 2066771  
 027 3104974  
[gailpoole@hyper.net.nz](mailto:gailpoole@hyper.net.nz)

**1<sup>st</sup> – 3<sup>rd</sup> October 2010**

Griffin Equestrian Centre, Otatara, Invercargill

**COMPOSITE TEAM CONFIRMATION FORM** *(Please print clearly)*

**Entries Close Friday 20<sup>th</sup> August 2010**

<b>Team Name:</b>			
<i>Composite teams must include up to three of the majority Club/Branch names and include Composite</i>			
<b>Team Colours:</b>	<b>Club Names:</b>		
<b>Team Manager:</b>	<b>Address:</b>	<b>Email:</b>	<b>Phone Number:</b> <b>Home:</b> <b>Cell:</b>
<b>Team Coach:</b>	<b>Address:</b>	<b>Email:</b>	<b>Phone Number:</b> <b>Home:</b> <b>Cell:</b>

**Senior Riders**

*Ages as at 1<sup>st</sup> August 2010*

	Rider	Mount	Branch	Age	Date of Birth
1					
2					

**Intermediate Riders**

*Ages as at 1<sup>st</sup> August 2010*

	Rider	Mount	Branch	Age	Date of Birth
1					
2					

**Junior Riders**

*Ages as at 1<sup>st</sup> August 2010*

	Rider	Mount	Branch	Age	Date of Birth
1					
2					

**Eligibility:** By Completing this form the Team Manager is certifying that the team and individual riders have agreed to comply in all ways with the Rules and Regulations of Springston Trophy and the NZPCA. See [www.springston-trophy.org.nz](http://www.springston-trophy.org.nz) for full list of rules. Entry must be accompanied by the compulsory rider forms for each team member, horse welfare form and entry fee:

**Head Coaches Names:**

**Signatures:**

**Branch:**

**District Commissioners Name/s:**

**Signature/s:**

**Guardian's Name:**

**Signature:**

Please go to the website [www.springston-trophy.org.nz](http://www.springston-trophy.org.nz) if you require a rider/horse replacement form, which must be signed by all stated for a replacement entry to be accepted.

**Post Entries to Event Secretary (address above) before Friday 20<sup>th</sup> August 2010**



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**1<sup>st</sup> – 3<sup>rd</sup> October 2010** Griffin Equestrian Centre, Otatara, Invercargill

**COMPULSORY RIDER FORM**

*(Please Photocopy and Print Clearly)*

*This form must accompany all team entry forms for **each** member of the team.*

**Riders Name:**

**Mounts Name:**

**Branch or Club:**

**Date of Birth:**

**Age:**

*I have read and understood the Health and Safety Manual for Springston Trophy 2010 and I agree that I will compete at Springston Trophy 2010 under the rules and regulations of Springston Trophy and NZPCA.*

**Riders Signature:**

**Parent or Guardian Signature:**

*Comment from Head Coach and District Commissioner stating the combination is eligible to ride for a branch or composite team, and they comply with Rules 6.5, 6.6 and 6.7 and that the rider complies in all ways with the Rules and Regulations of Springston Trophy and the NZPCA. Please comment here about any dispensation granted and why.*

**Head Coach:**

**Signature:**

**Comment:**

**District Commissioner:**

**Signature:**

**Comment:**

**Post all forms to:** Event Secretary, Gail Poole, 21 George St, Edendale

# TEAM INFORMATION FORM

(Please submit this form via email to [gailpoole@hyper.net.nz](mailto:gailpoole@hyper.net.nz))

This information is to be used for program and commentaries throughout the event,  
so please type and email direct to Event Secretary.

**Team Name:** .....

**Branches who make up Team:** .....

**Clubs/Areas Name:** ..... **Team Colour/s:** .....

**Information about Branches:** .....

<b>Senior Details</b>
<i>Rider 1</i>
<i>Mount</i>
<i>Rider 2</i>
<i>Mount</i>
<b>Intermediate Details</b>
<i>Rider 1</i>
<i>Mount</i>
<i>Rider 2</i>
<i>Mount</i>
<b>Junior Details</b>
<i>Rider 1</i>
<i>Mount</i>
<i>Rider 2</i>
<i>Mount</i>

## CONFIRMATION AND PAYMENT FORM

**Team Name:** ..... **Manager:** .....

**Contact Number:** ..... **Email:** .....

**Teams Contact Number: (during event)** .....

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**Nomination fee:** (Non-refundable \$50.00 per team, due 30<sup>th</sup> June)  
Nomination fee \$ **50.00 paid**

**Confirmation fee:** (\$200.00 per team)

**Entries close Friday 20<sup>th</sup> August 2010.**

Entry fee \$ \_\_\_\_\_

**Cheque payable to:** Southland Pony Club

Enclosed amount \$ \_\_\_\_\_

**Fence Judges: Meeting 4pm Friday 1<sup>st</sup> October @ The Griffin Equestrian Centre, Otatara, Invercargill**

*Please ensure judges have a stopwatch and whistle, and are familiar with the instructions to judge fences. If you intend to rotate your fence judges or use more than the stated (2) please add them to this form also.*

1. *Name & Experience:* .....(Compulsory)

2. *Name & Experience:* .....(Compulsory)

3. *Name & Experience:* .....(Optional)

4. *Name & Experience:* .....(Optional)

**Delegates AGM Meeting: Approx 7.30pm venue to be advised**

*Each branch is entitled to two voting delegates. Composite Teams may be made up of several Branches so please name the Branch your delegates will be representing. Remits, Discussion Topics and correspondence must be lodged with Event Secretary before Friday 20<sup>th</sup> August 2010*

1. *Name:* .....*Branch*.....

2. *Name:* .....*Branch*.....

1. *Name:* .....*Branch*.....

2. *Name:* .....*Branch*.....

**Accommodation details:** (Please fill in details)

**Team Name:** \_\_\_\_\_

If you still need any help please contact Coral Clarke 03 230 4447

*Date of Arrival:*.....

*Approx. Time of Arrival:* .....

*Team Staying @:* .....

*Horses Staying @:* .....

**Post all forms to:** Event Secretary, Gail Poole, 21 George St, Edendale



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**Post all forms to: Event Secretary, Gail Poole, 21 George St, Edendale  
 HORSE WELFARE**

**TEAM NAME:** .....

*“As owner and or person responsible for the welfare of the horse, I acknowledge that I am aware the mount is competing at Springston Trophy. I agree that decisions regarding horse welfare will be taken in consultation with owner /responsible person and the committee's veterinarian. If they are not available, the committee's veterinarian's decisions are as stated in ESNZ rules and in particular Article 645 & 646 will apply.”*

**Senior 1.**      **Horse Name:**.....

**Owner/ Person Responsible:**.....

**Signature:**..... **Date:**.....

**Senior 2.**      **Horse Name:**.....

**Owner/ Person Responsible:**.....

**Signature:**..... **Date:**.....

**Intermediate 1.** **Horse Name:**.....

**Owner/ Person Responsible:**.....

**Signature:**..... **Date:**.....

**Intermediate 2.** **Horse Name:**.....

**Owner/ Person Responsible:**.....

**Signature:**..... **Date:**.....

**Junior 1.**      **Horse Name:**.....

**Owner/ Person Responsible:**.....

**Signature:**..... **Date:**.....

**Junior 2.**      **Horse Name:**.....

**Owner/ Person Responsible:**.....

**Signature:**..... **Date:**.....