



Your City. Your Trust.

Invercargill Licensing Trust

Event Director

Mary Adams
03 2361164
027 4361210
h.dave.adams@farmside.co.nz



SOUTHLAND

Event Secretary

Gail Poole
03 2066771
027 3104974
gailpoole@hyper.net.nz

1st – 3rd October 2010

Griffin Equestrian Centre, Otatara, Invercargill

BRANCH TEAM CONFIRMATION FORM (Please print clearly)

Entries Close Friday 20th August 2010

| | | | |
|------------------------|----------|-----------------|---------------------------------|
| Branch/Club Team Name: | | | |
| Team Colours: | | Club/Area Name: | |
| Team Manager: | Address: | Email: | Phone Number: Home: Cell: |
| Team Coach: | Address: | Email: | Phone Number: Home: Cell: |

Senior Riders

Ages as at 1st August 2010

| | Rider | Mount | Age | Date of Birth |
|---|-------|-------|-----|---------------|
| 1 | | | | |
| 2 | | | | |

Intermediate Riders

Ages as at 1st August 2010

| | Rider | Mount | Age | Date of Birth |
|---|-------|-------|-----|---------------|
| 1 | | | | |
| 2 | | | | |

Junior Riders

Ages as at 1st August 2010

| | Rider | Mount | 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 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 Name:

Signature:

District Commissioner Name:

Signature:

Please go to the website 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 20th August 2010



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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)

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

Branch Team Name:

Club/ Area Name: **Team Colour/s:**

Information about the Branch:

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

CONFIRMATION AND PAYMENT FORM

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

Contact Number: **Email:**

Teams Contact Number: (during event)

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

Confirmation fee: (\$200.00 per team)

Entries close Friday 20th August 2010.

Entry fee \$ _____

Cheque payable to: Southland Pony Club

Enclosed amount \$ _____

Fence Judges: Meeting 4pm Friday 1st 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. Please name your delegates here. Remits, Discussion Topics and correspondence must be lodged with Event Secretary before Friday 20th August 2010

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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1st – 3rd October 2010 **SOUTHLAND**
 Griffon Equestrian Centre, Otatara, Invercargill

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

BRACNH 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:**.....