



# BP2GO Kaikoura Springston Trophy



**14 – 16 October 2011**

Event Director:  
Terri Chalmers 03 3196097  
Terri.Sandy@xtra.co.nz

## BRANCH TEAM CONFIRMATION FORM *(Please print clearly)* Entries Close Friday 26<sup>th</sup> August 2011

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 1<sup>st</sup> August 2011*

	Rider	Mount	Age	Date of Birth
1				
2				

### Intermediate Riders

*Ages as at 1<sup>st</sup> August 2011*

	Rider	Mount	Age	Date of Birth
1				
2				

### Junior Riders

*Ages as at 1<sup>st</sup> August 2011*

	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](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 Name:**

**Signature:**

**District Commissioner 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 J Willet Event Secretary ,105 Harnetts Rd, Kaikoura before Friday 26<sup>h</sup> August 2011**



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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 2011 and I agree that I will compete at Springston Trophy 2011 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:** J Willet, Event Secretary, 105 Harnetts Rd, Kaikoura

# TEAM INFORMATION FORM

(Please submit this form via email to [joannewillet@yahoo.com](mailto:joannewillet@yahoo.com))

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: .....

.....

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

## CONFIRMATION AND PAYMENT FORM

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

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

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

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**Nomination fee:** (Non-refundable \$75.00 per team, due 30<sup>th</sup> June)  
Nomination fee \$ **75.00 paid**

**Confirmation fee:** (\$175.00 per team)  
Entries close Friday 26<sup>th</sup> August 2011. Entry fee \$ \_\_\_\_\_

**Cheque payable to:** Kaikoura Pony Club  
Enclosed amount \$ \_\_\_\_\_

**Fence Judges: Meeting 4pm Friday 14 October @ South Bay Domain, Kaikoura**  
*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 at Donegal House**  
*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 26<sup>th</sup> August 2011*

1. Name: ..... Branch.....
2. Name: ..... Branch.....

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

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

*Date of Arrival:*.....

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

*Team Staying @:* .....

*Horses Staying @:* .....

**Post all forms to:** Event Secretary, Joanne Willet, 105 Harnetts Rd, Kaikoura



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**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:**.....