



# BP2GO Kaikoura Springston Trophy 14—16 October 2011



Event Director:  
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## REPLACEMENT RIDER / HORSE FORM

Medical and/or Vet Certificate must accompany this form

TEAM NAME: ..... Manager's Name: .....

Rider's Name: ..... Manager's Signature: .....

Mount: .....

**REPLACEMENT DETAILS:** *Grade- Junior / Intermediate / Senior (please circle)*

Replacement Rider's Name: .....

Date of Birth: ..... Age: .....

Replacement Mount's Name: .....

Branch or Club: .....

*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.*

Rider's Signature: .....

Parent or Guardian Name: ..... Signature: .....

*Comment on back of form 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 NZPCA.*

Head Coach's Name:..... Signature: .....

District Commissioner's Name: ..... Signature: .....

Comment: .....

### - Horse Welfare -

*"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 and 646 will apply."*

Horse Name:..... Date:.....

Owner / Person Responsible: .....

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