



EQUESTRIAN AUSTRALIA

Australian Talent Search Squad EVENTING Registration form

Rider's information

Date:

Name:

Date of Birth:

EFA registration
number:

Address:

Contact number:

Email address:

Horse's information

Name:

Date of Birth:

EFA registration number:

Breeding:

Owner's name:

Owner's address:

Level currently competing: (Please circle)

Introductory Preliminary Pre Novice One Star Two Star Three Star Four Star

Clinic Registering for: (Please circle)

QLD	NSW	SA	WA	VIC	TAS
13/8/09	13/10/09	20/10/09	25/10/09	6/11/09	28-29/11/09

Payment Information

Attendance fees will be \$100 per horse rider combination.

Please send your credit card details or cheque/ money order to Mandy King payable to "Equestrian Australia Ltd"

PO Box 673 Sydney Markets, NSW 2129

Or fax this form including your credit card details to (02) 9763 2466.

CREDIT CARD PAYMENT DETAILS

VISA

MASTERCARD

BANKCARD

Credit Card Number _____ Expiry Date ____/____

Card Holder's Name _____ Signature _____