



## EVENTING VICTORIA SQUAD CLINIC APPLICATION FORM

The facility fee includes the use of a yard for your squad horse and camping if you plan to stay at the venue overnight. If you plan to bring additional horses please include appropriate additional facility fees. A timetable will be posted on the Eventing Page of the Equestrian Vic website the Tuesday prior to the clinic.

**Payment must be received by the due date to ensure inclusion**

| CLINIC DATE                                         |                                 | 2 DAYS | 1 DAY |
|-----------------------------------------------------|---------------------------------|--------|-------|
| Thurs 11 <sup>th</sup> & Fri 12 <sup>th</sup> March | Clinic Cost per horse           | \$150  | \$90  |
|                                                     | Facility Fee per horse/ per day | \$15   | \$11  |
|                                                     | <b>TOTAL</b>                    |        |       |

Name of horse/s

Current Level Competing

1 \_\_\_\_\_

2 \_\_\_\_\_

**Payment due by: Friday 5<sup>th</sup> March**

**This becomes a Tax Invoice upon receipt of payment for the amount stated**

PLACE MEMBER LABEL HERE OR COMPLETE THE FOLLOWING:

ABN: 80 362 146 367

|                                                                                                                   |                                             |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Name: _____                                                                                                       | EV Membership #: _____                      |
| Postal Address: _____                                                                                             | Post Code: _____                            |
| Daytime Phone: _____                                                                                              | Email: _____                                |
| Credit Card Type:      VISA <input type="checkbox"/> or      MASTERCARD <input type="checkbox"/> or <u>Cheque</u> |                                             |
| Card Holder Name: _____                                                                                           | Signature: _____                            |
| Expiry Date: ___/___/___                                                                                          | Card #: _____/_____/_____/_____/_____/_____ |
| Acct code: 41260 EVSS                                                                                             |                                             |