

VENUE	Mistico Equestrian Centre	DATE OF SHOW	
RIDER INFORMATION			
NAME OF RIDER:			
SAEF REGISTRATION NUMBER			
NAME OF CLUB			
CLASS	HORSE	OWNER	RIDER
GROUND LEVY			R
Medical Levy			R 30.00
Showing Number			R 20.00
Officials Levy			R 50.00
Stabling			R
SASA Temporary Membership			R
			TOTAL DUE R
PASSPORT NUMBER			
SAEF HORSE REGISTRATION NUMBER			
MOST RECENT VACCINATIONS - TWO FLU & TWO AHS VACCINATIONS			
	AHS I	AHS II	FLU VACCINATION
DATE	DATE	DATE	DATE
BATCH	BATCH	BATCH	BATCH
NAME			
TEL (HOME)		CELL	
EMAIL ADDRESS			
I hereby certify that the above details are correct and agree to abide by all terms and conditions stipulated in this schedule			
SIGNATURE OF RIDER (If under 18, must be signed by parent or guardian)		DATE	