

4-CLUB CHALLENGE 2019



I am member of (Name of Club):	
Name of Rider:	
EA membership No. (if applicable)	
Name of Horse:	
Bridle No.	
EA Number:	
I wish to participate in the 4-Club Challenge at: (name of participating Club)	Eurobodalla Dressage Association Saturday 17 th August 2019

Tests to be ridden:	
Cost of Day membership (\$10.00)	\$10.00
Total Cost of Tests:	
Ground Fee:	\$8.00
Total Cost:	<u>\$.....</u>
I have: (a) Attached a cheque () Or (b) Made a Direct Deposit to EDA () (please ensure you put your name on the details)	Eurobodalla Dressage Association BSB: 082-739 Account No. 691 608 938

Please ensure you attach a signed EA Waiver with this form.

Signed: