

HIGH COUNTRY RAIL TRAIL HORSE RIDE INC.

PO BOX 62 TALLANGATTA VIC 3700

ABN: 66 841 445 407

EMAIL: louisecoulston1@bigpond.com
www.highcountryrailtrail.org.au

PARTICIPANT ENTRY FORM- (Email to Louise Coulston -Secretary)

PAYMENT DETAILS: BSB: 803070 ACCNT #: 54629 REFERENCE: Name TOTAL: \$.....

Cheques can be Posted to: PO Box 62 Tallangatta Vic 3700

PLEASE NOTE: PAYMENTS MUST BE SENT WITH ENTRY FORM OR DIRECT DEPOSITED ON THE DAY THE ENTRY FORM IS EMAILED TO SECRETARY. **ENTRIES CLOSE THE 23rd November 2018.**

(NO LATE BOOKINGS.) PLEASE ALLOW TIME FOR POSTAGE & MONEY TRANSFERS

COST: Per Person\$160

\$350 for a family 2 adults & 2 children under 16

Single Child under 16 years \$60

All cost includes: Meals (2x Breakfasts, 2x morning Teas, 2 x Lunches & 2 x Dinners), Camp Fees, & Entertainment

FOR INSURANCE PURPOSES: You must become a member of ATHRA. Day membership accepted.

www.athra.com.au

NO DOGS NO STALLIONS RECOMMEND HORSES TO BE SHOD MUST HAVE YOUR OWN YARDS

ADULT / RIDER			
NAME			
ADDRESS			
PHONE			
EMAIL			
ATHRA MEMBER	YES	NO	ID:
DIETARY REQUIREMENTS Please List			
MEDICAL REQUIREMENTS List any other	Are you asthmatic? Do You have any allergies?	YES	NO
EMERGENCY CONTACT NAME & PHONE #	NAME:	PHONE:	
ADULT / NON RIDER			
NAME			
ADDRESS			
PHONE			
EMAIL			
ATHRA MEMBER	YES	NO	ID:
DIETARY REQUIREMENTS Please List			
MEDICAL REQUIREMENTS List any other	Are you asthmatic? Do You have any allergies?	YES	NO
EMERGENCY CONTACT NAME & PHONE #	NAME:	PHONE:	

JUNIOR RIDER	UNDER 16 YEARS		
NAME:			
ADDRESS			
PHONE			
EMAIL			
ATHRA MEMBER	YES	NO	ID:
DIETARY REQUIREMENTS Please List			
MEDICAL REQUIREMENTS List any other	Are you asthmatic? Do You have any allergies?	YES	NO
EMERGENCY CONTACT NAME & PHONE #	NAME:		PHONE:
JUNIOR RIDER	UNDER 16 YEARS		
NAME:			
ADDRESS			
PHONE			
EMAIL			
ATHRA MEMBER	YES	NO	ID:
DIETARY REQUIREMENTS Please List			
MEDICAL REQUIREMENTS List any other	Are you asthmatic? Do You have any allergies?	YES	NO
EMERGENCY CONTACT NAME & PHONE #	NAME:		PHONE:
NON RIDER	UNDER 16 YEARS		
NAME:			
ADDRESS			
PHONE			
EMAIL			
ATHRA MEMBER	YES	NO	ID:
DIETARY REQUIREMENTS Please List			
MEDICAL REQUIREMENTS List any other	Are you asthmatic? Do You have any allergies?	YES	NO
EMERGENCY CONTACT NAME & PHONE #	NAME:		PHONE:
CAMP ACCOMMODATION	Number Requiring accommodation		