

The Commonwealth Clydesdale Horse Society

Federal Council Inc.

Reg.No. A0019631A ABN 24 748 123 650

PO Box 1053 Bendigo Victoria 3552

Telephone: (03) 5442 8890

Facsimile: (03) 5442 5264

APPLICATION FOR JUNIOR COMPETITOR LEVY ENTITLEMENT

(For Competitor Under 18 years of age)

NAME:

ADDRESS:

..... Postcode:

Telephone:.....

DATE OF BIRTH:..... (Please attach Proof of Age)

BRANCH:.....

I wish to compete in events conducted by this Society and/or a Branch of this Society and agree to pay the annual Junior Competitor Levy. I understand that payment of this levy is required for insurance purposes and does not entitle me to membership of the Society, and that the annual levy falls due on 1st July of each year. I agree to abide by all decisions of the Society in relation to all matters arising out of or in connection with each event in which I participate.

Enclosed please find remittance of \$11-00 being for the current year Junior Competitor Levy.

I, as the representative of the above named Junior accept the above agreement.

..... (Signature of Parent or Legal Guardian)

..... (Printed Name)

Date:

Office Use
Only

Code	\$
GST	\$

Note: Fee includes GST