JUNE 13/14 <sup>th</sup> 2015 @ WPNEC			
NAME:			
Squad or Coach name: (State, Dev 1 Dev 2 or Dev 3)	1 Dev 2 or Dev 3) Membership No: It is a big help to me if y		
Emergency Contact No of Parent for weekend: Please note- if parent not in attendance please supply name and mobile of supervising adult. THIS MUST BE COMPLETED EACH SQUAD.			
LESSONS			Code
TRAINING FEE (Inclusive of one horse facility fees and camping \$200.00)		4-2260 JV YRS	
TRAINING FEE (extra horse)			4-2260 JV YRS
FACILITY FEE (this is the compulsory \$16 per horse per day for any extra horses that you may bring)			4-4115 JV YRS
Uniform transferred from Order Form			4-2260 JV YRS
Total			
Hygain State & Development squads			
Payment Summary  This becomes a Tax Invoice upon receipt of payment for the amount stated ABN: 80 362 146 367  PLACE MEMBER LABEL HERE OR COMPLETE THE FOLLOWING:			
EA Sticker or Name			
Daytime Phone: Email:			<u></u>
PAYMENT TYPE circle one CASH	CHQ CR	EDIT CARD	
If credit card please complete details below			
Card Holder Name: Signature:			
Expiry Date:/ Card #:////			
Credit Card Type: VISA □ or MASTERCARD □			

address: PO Box 616 Werribee 3030 fax: 03 9974 0577 phone: 0432 077 028 email: jumping@equestrianvictoria.com.au



