



## Stockman's Challenge

**April 30<sup>th</sup> May 1<sup>st</sup> & 2<sup>nd</sup> 2010**

### **2010 Entry Form**

### **3<sup>rd</sup> Round of the Triple Crown series**

Name - \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address - \_\_\_\_\_


Phone - \_\_\_\_\_ Mobile - \_\_\_\_\_

Email - \_\_\_\_\_ Fax - \_\_\_\_\_

#### ***2010 Fee Structure***

Open Challenge (18yrs and over)	\$200	<input type="checkbox"/>	Junior Challenge (15 yrs – 17yrs)	\$100	<input type="checkbox"/>
Deposit for Challenge Bib (compulsory) (refundable upon return of bib to Challenge Office)	\$20	<input type="checkbox"/>	Individual Events –		
			Maiden Campdraft	\$30	<input type="checkbox"/>
			Team Penning	\$30	<input type="checkbox"/>
			Bullock Ride	\$30	<input type="checkbox"/>

#### ***Acceptance of Risk***

Having read and understood the event criteria, rules, regulations and Conditions of Entry of the  King of the Ranges Stockman's Challenge 2010 set out in the entry brochure, I hereby confirm my entry in the competition and agree to accept and abide by these event criteria, rules, regulations and Conditions of Entry. I acknowledge responsibility for the risk. I hereby indemnify the Challenge Committee, the event judges, those assisting with each event, landowners where Challenge events are conducted, the organisers of the King of the Ranges Stockman's Challenge 2010 against injury or loss I (or my horse(s)) may sustain during my participation in the competition.


Competitor Signature - \_\_\_\_\_ Witness Signature - \_\_\_\_\_

Print Name - \_\_\_\_\_ Print Name - \_\_\_\_\_

Date - \_\_\_\_\_ Date - \_\_\_\_\_

#### ***Parental Consent for Junior Entrants***

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_

have read and understood the events criteria, rules, regulations and Conditions of Entry of  King of the Ranges Stockman's Challenge 2010, as set out in the Official Competitors Handbook, and consent to his/her participation in the competition:

Parent/Legal Guardian Signature - \_\_\_\_\_

Print Name - \_\_\_\_\_ Date - \_\_\_\_\_

## ***Information Required***

Emergency contact name/number - \_\_\_\_\_

Name of horse - \_\_\_\_\_ Age - \_\_\_\_\_

Ambulance Member Number - \_\_\_\_\_ Usual Occupation - \_\_\_\_\_

Events and/or Titles Previously Won \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Competitions Entered Into - \_\_\_\_\_  
*(including King of the Ranges)*

\_\_\_\_\_

\_\_\_\_\_

Events/Titles Won by Horse - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Most Memorable Horse Event; \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I agree that the information supplied on this form may be used for the purpose of press releases or for the information of spectators. I agree that the media may contact me, should they wish, for follow up publicity:*                      Yes                       No

### ***Competitor Checklist***

- ✓      A copy of my Ambulance subscription (to include membership number) is attached
- ✓      I have indicated which events I am entering and filled in all details on the entry form
- ✓      I have included a cheque/money order (payable to King of the Ranges Stockman's Challenge)

**Entry will not be accepted if all information is not presented on entry form**

***Please return (by 16<sup>th</sup> April 2010)  
your completed Entry Form and Competitor Checklist to:***

**Secretary  
King of the Ranges Stockman's Challenge  
60 Mayne Street  
Murrurundi NSW 2338**