

P O BOX 933  
 PRETORIA  
 0001  
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 E-MAIL: agric@tshwaneshow.co.za



**TSHWANE INTERNATIONAL SHOW : HORSE SECTION: ENTRY FORM**

BANK DETAILS: ABSA BANK QUGGA CENTRE  
 ACCOUNT NAME: TSHWABAC  
 ACCOUNT NO: 040181423  
 BRANCH CODE: 63 06 64



**COMPLETE A SEPARATE ENTRY FORM PER BREED**

1			2			3			4			5		
BREED/SECTION:			BREED/SECTION:			BREED/SECTION:			BREED/SECTION:			BREED/SECTION:		
NAME OF HORSE:			NAME OF HORSE:			NAME OF HORSE:			NAME OF HORSE:			NAME OF HORSE:		
REG. NO:			REG. NO:			REG. NO:			REG. NO:			REG. NO:		
BIRTH DATE:			BIRTH DATE:			BIRTH DATE:			BIRTH DATE:			BIRTH DATE:		
SIRE:			SIRE:			SIRE:			SIRE:			SIRE:		
REG. NO:			REG. NO:			REG. NO:			REG. NO:			REG. NO:		
DAM:			DAM:			DAM:			DAM:			DAM:		
REG. NO:			REG. NO:			REG. NO:			REG. NO:			REG. NO:		
HANDLER /RIDER:			HANDLER /RIDER:			HANDLER /RIDER:			HANDLER /RIDER:			HANDLER /RIDER:		
CLASS	ENTRY FEE		CLASS	ENTRY FEE		CLASS	ENTRY FEE		CLASS	ENTRY FEE		CLASS	ENTRY FEE	
	R			R			R			R			R	
TOTAL	R		TOTAL	R		TOTAL	R		TOTAL	R		TOTAL	R	

	TOTAL AMOUNT FOR ENTRIES	R
	STABLE FEE & GROUND LEVY PER HORSE R35-00	R
	PROGRAM R10-00	R
	TOTAL	R





I hereby declare that I am the owner of the animals, that the particulars given are true and that this entry is made subject to the rules, regulations of the show, which I have read and understood.

SIGNATURE:..... DATE:.....

IN CASE OF MINOR RIDERS A PARENT OR GUARDIAN SHOULD INITIAL NEXT TO THE RIDER'S NAME.  
CONTACT DETAILS FOR THE PARENT OR GUARDIAN IS REQUIRED IN CASE OF AN EMERGENCY.

<b>NAME: EXHIBITOR &amp; OWNER</b>	<b>TEL/FAX:</b>
	<b>CELL:</b>
<b>ADRESS:</b>	<b>E-MAIL:</b>

<b>BANK DETAILS : (FOR PRIZE MONEY PURPOSE)</b>		
<b>NO PRIZE MONEY WILL BE PAID OUT IF INCOMPLETE</b>		
<b>ACCOUNT NAME</b>		
<b>BANK</b>	<b>BRANCH CODE COMPULSORY</b>	<b>ACC: NUMBER</b>