

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 **CASUAL DAY PARTICIPANT INSURANCE**

NAME:

ADDRESS:

.....

POSTCODE:..... TELEPHONE:

EMAIL: FAX:

CCHS BRANCH:

EVENT 1:.....

EVENT 2:.....

I wish to compete in event conducted by this Society and/or a Branch of this Society and agree to pay the Casual Day Participant Insurance 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 Membership 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 per event being for Casual Day Participant Insurance.

Please Note: That day participants are limited to TWO uses of Casual Day Participant Insurance @ \$11.00 per time or the person must be full Members of the CCHS.

I, as the participant accept the above agreement.

Signature: Printed Name:

Date:

Note: \$11.00 Fee includes GST