



Visiting Rider Application

APPLICANT DETAILS

FIRST NAME *

LAST NAME * DATE OF BIRTH *
/ /

Are you a member of your National Federation?

No Yes - Membership Number: #

NAME OF NATIONAL FEDERATION *

EMAIL *

PHONE (DAY) MOB
()

ADDRESS *

POSTCODE

* Compulsory fields - applications without these details will not be processed.

Membership valid for three Events only.

Please list events you intend to compete at:

| | |
|----|---------------|
| 1. | DATE * / / |
| 2. | DATE * / / |
| 3. | DATE * / / |

ESNZ FEES

Visiting Rider Member \$60.00

Please note that your membership does not carry any voting rights.

PAYMENT OPTIONS

Please indicate which payment option you will use

Direct Credit *First-time members* please use full name

Account No.: 06 0645 0074840 04 DATE PAID
/ /

When making payment by Direct Credit please make sure to notify us of payment by returning this form via email or post.

EQUINE INFORMATION

Has this equine been previously registered with your National Federation?

Yes No

If yes - ESNZ NAME * REG #

OWNERSHIP DETAILS

Primary Owner

NAME

Other Owner/s

NAME

Rider

NAME

* Please attach a copy of your Equine ID Page

REGISTRATION FEES

| | |
|--------------------------|---------|
| ESNZ EQUINE REGISTRATION | \$60.00 |
|--------------------------|---------|

DECLARATION *

"I hereby agree to abide by the general rules and regulations of Equestrian Sports New Zealand Inc." For a full copy of these please refer to www.nzequestrian.org.nz "I also agree to abide by the respective Discipline, show or area rules as applicable."

SIGNED * DATE *
/ /

Please complete if the rider is under 18 years of age
"I hereby give my consent for the rider to compete as listed above."

SIGNATURE OF PARENT / GUARDIAN

MEMBERSHIP APPLICATION TOTAL \$

Credit Card 2.5% transaction fee applies

NAME ON CARD

CARD TYPE EXPIRY DATE
/ /

CARD NUMBER

CVC (3 DIGITS ON THE BACK OF CREDIT CARD)

