



Event Date: 3rd, 4th & 5th May 2024

Entry Enquiries to: Lesa Sibley 0419 091 561



Competitors Name: _____ DOB: _____ Phone: _____

Entries Close: 5pm Sunday 28th April 2024 RSNCA #: _____

Location: 600 Elwins Road, Winneup WA 6255

Email entries to: slhorseservices@gmail.com

FRIDAY ARVO - Start time TBA

ALL LEVELS - \$26.50 p/run; p/rider

Compulsary Auto Draw:	_____	\$ 26.50
Partner 1:	_____	\$
Partner 2:	_____	\$
Partner 3:	_____	\$
Partner 4:	_____	\$
TOTAL	_____	\$

*****CLASS DESCRIPTIONS WITHIN RULE BOOK*****

<https://www.rsnca.net.au/rules-and-judges>

RSNCA Membership is compulsory: www.rsnca.net.au
 DOGS only permitted if tied to vehicles at camps.
 PHOTOS are often taken during competition and used on social media. Please advise us by email if you have any concerns: slhorseservices@gmail.com

SATURDAY - 8am Start

BEGINNER SORT (1 CAP) - \$26.50 p/run; p/rider

Compulsary Auto Draw:	_____	\$ 26.50
Partner 1:	_____	\$
Partner 2:	_____	\$
Partner 3:	_____	\$
Partner 4:	_____	\$
TOTAL	_____	\$

#13HC Mixed - \$26.50 p/run; p/rider

Compulsary Auto Draw:	_____	\$ 26.50
Partner 1:	_____	\$
Partner 2:	_____	\$
Partner 3:	_____	\$
Partner 4:	_____	\$
TOTAL	_____	\$

ROOKIE #11 HC - \$26.50 p/run; p/rider

Compulsary Auto Draw:	_____	\$ 26.50
Partner 1:	_____	\$
Partner 2:	_____	\$
Partner 3:	_____	\$
Partner 4:	_____	\$
TOTAL	_____	\$

MASTERS #10 HC (50yrs +) - \$26.50 p/run; p/rider

Compulsary Auto Draw:	_____	\$ 26.50
Partner 1:	_____	\$
Partner 2:	_____	\$
Partner 3:	_____	\$
Partner 4:	_____	\$
TOTAL	_____	\$

SUNDAY - 8am Start

BEGINNER YOUTH RH #10 - \$15.00 p/run; p/rider

Compulsary Auto Draw:	_____	\$ 15.00
Partner 1:	_____	\$
Partner 2:	_____	\$
Partner 3:	_____	\$
Partner 4:	_____	\$
TOTAL	_____	\$

WESTERN HERITAGE ALL LEVELS HC - \$26.50 p/run; p/rider

Compulsary Auto Draw:	_____	\$ 26.50
Partner 1:	_____	\$
Partner 2:	_____	\$
Partner 3:	_____	\$
Partner 4:	_____	\$
TOTAL	_____	\$

ALL LEVELS - \$26.50 p/run; p/rider

Compulsary Auto Draw:	_____	\$ 26.50
Partner 1:	_____	\$
Partner 2:	_____	\$
Partner 3:	_____	\$
Partner 4:	_____	\$
TOTAL	_____	\$

PAYMENT

Please make payment before emailing in your Entry

TOTAL RUNS:	_____	\$
CAMPING \$10 Per Camp/Per Night		\$
YARD FEE \$10 Per Night		\$
TOTAL OWING:	_____	\$

Auto runs will be given if partners don't match on Entries

DIRECT DEBIT PAYMENT: S&L Horse Services
BSB: 306020 Acc: 0244559 Ref: Your Full Name