

**CCASH BRANCH
DAVID WILSON CAMPDRAFT CLINIC
26TH AND 27TH AUGUST, 2017.
Please complete the information below**

Name.....

Address.....

Contact number.....AGE(U18 only).....

Riding ability.....Experienced/ Intermediate

I am a financial member of the ASHS OR EA and my number is.....

Medical conditions we need to be aware of.....

.....

Person to contact in case of emergency.....

.....

I WILL BE CAMPING YES/NO NUMBER OF NIGHTS

I WILL REQUIRE POWER YES/NO

I will be attending as a rider....Yes/No Fence Sitter...Yes/No

I have sent my full payment via EFT Deposit/Cheque

Account : County of Cumberland ASH BSB 062-121 AC 10965246

I understand the risk of participating in this clinic and will not hold the
County of Cumberland ASH Branch responsible if I incur an injury or loss.

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Signature or participant

.....

Date

.....

Signature of Parent/Guardian

(if rider u18yrs)

.....

Date