

**CCASH BRANCH  
DAVID WILSON CAMPDRAFT CLINIC  
26<sup>TH</sup> AND 27<sup>TH</sup> 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.

.....

Signature or participant

.....

Date

.....

Signature of Parent/Guardian

(if rider u18yrs)

.....

Date