



**OFFICIAL ENTRY FORM FOR WESTERN DRESSAGE ASSOCIATION
OF WESTERN AUSTRALIA**

Competition Name: _____

Competition Date: _____

TEST	HORSES NAME	Riders Name	WDWA Member Y/N	Member No.	Entry Fee

Please circle payment option: CHEQ / EFT

Western Dressage Association of WA **BSB: 016016 ACC No: 191301016**

Temp Day Membership

Ground Fee

Total Entry Fee

*If payment is made via electronic funders transfer – your entry is not accepted unless a payment receipt accompanies your entry form.
CANCELLATION: no refund once registration closes without medical or vet certificate.*

Name _____ DOB (if <18yrs) _____

Address _____ Name of Guardian _____

Signature of guardian _____

Contact Number _____

Email _____

Signature _____

Did you remember to :

Membership number	<input type="checkbox"/>
Ground/Insurance fee	<input type="checkbox"/>
Payment	<input type="checkbox"/>