





## WOR REGIONAL TETRATHLON 2012

### Individual Entry Form

**Each competitor must complete this form.  
Submit your form and payment to your branch rep before the deadline**

Branch: \_\_\_\_\_

Rider's Name:	Date of Birth (ddMMyy):
Address:	Tel.#
	Email:
CPC Testing level:	Are you sharing a pistol? <input type="checkbox"/> Yes or <input type="checkbox"/> No
Tetrathlon Division: _____	If yes, indicate name of person: _____
Riding Division: _____	Division he/she is entered: _____
Name of horse or pony: _____	Are you sharing a mount? <input type="checkbox"/> Yes or <input type="checkbox"/> No
Age of horse or pony: _____	If yes, indicate name of person: _____
	Division he/she is entered: _____

<b>Entry Fee: 2 days (24<sup>th</sup> &amp; 30<sup>th</sup>)</b>	\$75.00	
<b>Entry Fee: 1 day (check which day)</b>		\$40.00
June 24 <sup>th</sup> only      June 30 <sup>th</sup> only		
<b>Number Deposit</b> (refundable on return of the number)	\$ 5.00	\$ 5.00
<b>Total Fee: 2 days (24<sup>th</sup> &amp; 30<sup>th</sup>)</b>	<b>\$80.00</b>	
<b>Total Fee: 1 day only</b>		<b>\$45.00</b>

(for branch use)	
Cash/ Cheque	\$
Payment Recd	

Please make your cheque payable to YOUR Pony Club Branch  
(One branch cheque will be submitted payable to WOR for the total of all branch entries.)

\_\_\_\_\_  
Signature of Rider

\_\_\_\_\_  
Signature of Parent or Guardian  
(if participant is under 18)

\_\_\_\_\_  
Name of Parent or Guardian (please print)

I certify that this rider is qualified to compete at the level stated, and is a member in good standing of _____ Pony Club	
_____ Signature of Branch Tetrathlon Representative	Name: _____  Phone: _____