



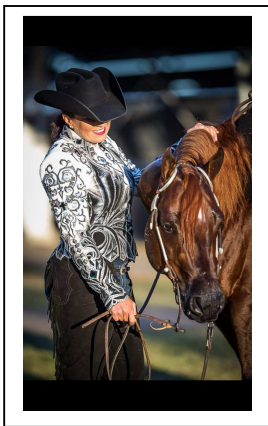
**CENTRAL WESTERN PERFORMANCE
HORSE CLUB INC.
P.O. BOX 1235
DUBBO NSW 2830**

KATE ELLIOTT 2 DAY CLINIC

20th & 21st June 2020

undercover @ Dubbo Showground 8:00am Start

Training in all aspects of western performance



Kate Elliott is an active competitor within the AQHA and NRHA since 1995, Professional since 1998, and FEI 3 Competitor since 2013. Beyond campaigning Futurity Horses, Kate has coached multiple youth and amateur, national and international champions, along with producing successful professional trainers within her internship programme.*

Kate is not only committed to the development of each horse and rider combination, but the industry in its entirety, evident in her coaching, training and judging.

Coaching Credentials: NCAS Level 1 Coach, HSA Snr Instructor, HSA Clinic Assessor, AQHA Professional Horseman, AmQHA Professional Horseman, RA Professional Trainer, NRHA Professional Trainer

**Cost is \$350 per rider (2 days) + stabling & camping & \$30/day for fencesitters
Rider numbers will be limited.**

**Complete the attached forms - \$150 (non-refundable) deposit + stabling/camping
Balance can be paid prior to commencement of clinic.**

Stable: \$25.00 per night - Campsite: \$30.00 per site

All stables must be cleaned or a cleaning fee of \$25.00 will be charged.

ALL stabling enquiries are to be directed to: Annette on 68 878470.

For all enquiries regarding this clinic please contact: Heather Fryer 0428 623 877



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Please complete one form per participant - I wish to participate as: (please tick)

Rider 2 days \$350

Fence Sitter ___ days \$30/person/day

Rider Experience level: Beginner

Intermediate

Advanced

DEPOSIT \$150 MUST BE PAID (NON REFUNDABLE) TO RESERVE RIDING POSITION

(limited positions available - to be fair, riding spots will be allocated to the first participants to pay the deposit & complete and forward this form)

Riders Name: _____ PIC: _____

(age if under 18yrs)

Postal Address: _____ Postcode: _____

Phone: _____ Mobile: _____

Email Address: _____

STABLING: \$25/stable/night– CAMPING: \$30/night

NO. OF STABLES REQUIRED: _____ NO. OF DAYS REQUIRED: _____ CAMPING: _____

Day Membership for non-members \$40.00/day – if you wish to become a member of CWPBHC, please complete the membership form attached and return with payment.

DEPOSIT – DATE PAID _____ \$150.00

BALANCE INCL STABLING/CAMP/M'SHIP TO BE prior to 20th June 2020 \$ _____

TOTAL PAID \$ _____

DUE TO LIMITED POSITIONS AVAILABLE & INTEREST IN THIS CLINIC - POSITIONS WILL BE GRANTED ON THE BASIS OF DATE DEPOSITS/COMPLETED BOOKING FORMS RECEIVED –

EMAIL COMPLETED FORM TO fryer@mccarrons.com.au

DEPOSIT FUNDS to

A/C name:-Central Western Performance Horse Club - bsb – 032-646 - a/c 256669

PLEASE use your 'Surname/Elliott clinic' as a reference on the bank transfer.

FULL PAYMENT INCLUDING STABLING & M'SHIP/BALANCE DUE PRIOR TO COMMENCEMENT OF CLINIC.



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MEMBERSHIP APPLICATION (Aug 2019/2020)

I/We _____

Address: _____

Phone: _____ Mobile: _____

Email address: _____ PIC: _____

Hereby agree to renew my/our

- Family membership \$80.00
- Single membership \$50.00
- Youth membership \$30.00
- Day Membership \$40.00

I/We hereby agree to abide by the Constitution, Rules & Regulations of the Central Western Performance Horse Club Inc.

Enclosed is a cheque/money order/cash for \$_____ being for membership fees for the above.

Youth names & date of birth: Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Full name/s of adult family members

Name _____ Signature _____ Date ___/___/___

Name _____ Signature _____ Date ___/___/___

Would you like club correspondence sent to you by Email: (please circle) Yes No

The following information is required if you intend to show at our Club shows.

Please provide a copy of your Breed membership card & your horses registration if applicable)

BREED	HORSES NAME	REG #	HENDRA VAC
			YES / NO
BREED	NAME OF MEMBERSHIP	MEMB #	

Please return to: The Secretary, CWPB Inc. PO Box 1235, Dubbo NSW 2830



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Member Acknowledgement 2019/2020

HORSE RIDING AND PARTICIPATION IN HORSE RELATED ACTIVITY IS DANGEROUS

In consideration for being permitted to participate in any way in horse riding activities I the undersigned, understand, acknowledge and accept that:

Horse riding and participation in horse related activities is/are dangerous recreational activities and horses and cattle can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is a significant risk that serious **INJURY** or **DEATH** may result from participating in horse related competition or activities.

I voluntarily **PARTICIPATE** at my **OWN RISK** and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse related activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during any horse activity.

I agree to abide by the Rules & Regulations of the Australian Quarter Horse Association and Central Western Performance Horse Club inc its Affiliated clubs and/or management/organizer of the activities and that I will follow all directions of the management/organizer of the activities. My failure or refusal to do so can result in **my immediate disqualification** from the activities and the forfeiting of all fees paid in relation to the activities. I understand that any such non compliance may result in injury, death and/or permanent disability.

I agree to wear a helmet of the currently approved Australian standard in all activities where the Rules & Regulations governing the activity require the wearing of a helmet, I am solely responsible for ensuring that I wear a suitable helmet correctly when required and take sole responsibility for my actions.

Horse Experience - Not limited to riding: (tick where appropriate)

Very experienced participant/competitor Novice participant/competitor Never participated/competed

I understand that the Australian Quarter Horse Association and Central Western Performance Horse Club (inc) its Affiliated clubs and/or the Management/organizer takes due care to ensure that the venues chosen are safe and suitable, any equipment provided for the purpose of such activities is maintained in good condition and the Association's/management/organizer's staff are appropriately trained.

I further confirm I am in good health and do not suffer from any disability which will affect my ability to participate. I have had sufficient opportunity to read this document, fully understand its terms and sign it freely and voluntarily without inducement of any kind.

Name(s) (Please Print)

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Sign/Signature