

ARMIDALE AND NEW ENGLAND SHOW SOCIETY INC.  
PO Box 86, Armidale NSW 2350  
Phone: 0413 872 214

## HORSE STABLE APPLICATION FORM 2019

Please forward completed Entry Form and Payment to [armidaleshowociety@outlook.com](mailto:armidaleshowociety@outlook.com)

Entries will not be accepted unless accompanied by entry fee by MARCH 4<sup>th</sup> 2019.

- Stables must be booked, accompanied by FULL PAYMENT no later than Thursday March 4<sup>th</sup> 2019
- Stallion boxes are available for STALLIONS ONLY
- ALL stalls MUST be thoroughly cleaned out on leaving stables or Deposit will not be refunded
- Preference will be given in order of: Visitors, Country then Town competitors
- Show Admission must be paid by ALL competitors. Any competitors arriving prior to the show must include admission costs with stable booking. Competitors arriving Friday onwards to pay at gate.  
SEE ADMISSION CHARGES IN TABLE BELOW
- Camping MUST be paid at time of Stable booking

**NO FORM.... NO PAYMENT..... NO STABLE!**

Exhibitor's Name: .....

Address: .....

..... Telephone: .....

Email: .....

	Thursday	Friday	Saturday	Amount
Horse Stalls - \$6 / day or \$15 for 3 nights				\$
Stallion Boxes - \$6 / day or \$15 for 3 nights				\$
Camping - \$11 / day / vehicle				\$
Admission Charges: ___ Adults @ \$10, ___ Children @ \$6, ___ Concession @ \$8				\$
Total				\$
				\$

Competitors please note: Payment for camping and stalls used by competitors prior to Thursday March 7<sup>th</sup> or after the Saturday night March 9<sup>th</sup>, payment is to be made to the Armidale Showground Reserve Trust. Horse Stalls \$11 / night /stall camping \$22 / night / vehicle

I hereby agree that I have read and agree to abide by the Rules and Regulations of the Armidale and New England Show Society Inc., and will not hold the Society responsible for any loss or damage to these exhibits through accident, wrongful delivery or any other cause whatsoever.

Signed: ..... Date: ..... / ..... / .....

### OFFICE USE ONLY

Payment: CASH / CHQ / EFT \$..... Number of Stables required: .....

Initials: ..... Date: ..... / ..... / .....

### EFT Payment Details:

Acc Name: Armidale & New England Show Society

BSB: 932-000 Acc Number: 635412 Reference: Competitors Name/Stables

### RECEIPT for: HORSE STABLING – 2019 ARMIDALE SHOW

Received From: ..... Number of Stables: .....

Total Cost: .....

Signed: ..... Date: ..... / ..... / .....



