

Visiting Rider Application

RIDER DETAILS

FIRST NAME *			your National Fede
LAST NAME *		DATE OF BIRTH *	Yes No
Are you a member of your Nationa	al Federation?)	
No Yes - ESNZ #:		#	Primary Owner
NAME OF NATIONAL FEDERATION *			NAME
EMAIL *			Other Owner(s)
PHONE (DAY)	мов		NAME
()			Rider
ADDRESS *			NAME
			* Please attach a copy
		POSTCODE	REGISTRATION
		FOSTCODE	ESNZ EQUINE REGISTR
* Compulsory fields – applications wit	hout these de	tails will not be processed.	
Membership valid for three Events o			DECLARATION "I hereby agree to ab
Please list events you intend to co	ompete at:	DATE *	Sports New Zealand www.nzequestrian.c Discipline, show or a
2.		DATE *	SIGNED *
3.		/	
		/ /	Please complete if t "I hereby give my co
ESNZ FEES			SIGNATURE OF PARE
Visiting Rider Member		\$63.54	
Please note that your membership do	oes not carry a	any voting rights.	
PAYMENT DETAILS			APPLIC
Please note, we only accept paym	ents via cred	it/debit card	
NAME ON CARD			
CARD TYPE			
CVC (3 DIGITS ON THE BACK OF CREDIT	CARD)		

EQUINE INFORMATION

Has this equine been previously registered with ration?

Yes	No	
es - ESNZ	NAME *	

REG #

ETAILS

nary Owner	
1E	

of your Equine ID Page

FEES

ESNZ EQUINE REGISTRATION	\$63.54
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bide by the general rules and regulations of Equestrian Inc." For a full copy of these please refer to org.nz "I also agree to abide by the respective rea rules as applicable."

he rider is under 18 years of age nsent for the rider to compete as listed above."

EXPIRY DATE

NT / GUARDIAN

ATION TOTAL

4.8% transaction fee applies

\$

DATE *

EQUESTRIAN SPORTS NEW ZEALAND

Please email completed forms to nzef@nzequestrian.org.nz

For queries, please contact nzef@nzequestrian.org.nz or ph +64 (4) 499 8994

Level 1 Panama House 22 Panama Street, Wellington 6011 New Zealand