



Visiting Rider Application

APPLICANT DETAILS

FIRST NAME *

LAST NAME * **DATE OF BIRTH ***
/ /

Are you a member of your National Federation?

No Yes - Membership Number: #

NAME OF NATIONAL FEDERATION *

EMAIL *

PHONE (DAY) **MOB**
()

ADDRESS *

POSTCODE

* Compulsory fields - applications without these details will not be processed.

Membership valid for three Events only.

Please list events you intend to compete at:

| | |
|----|----------------------|
| 1. | DATE * / / |
| 2. | DATE * / / |
| 3. | DATE * / / |

ESNZ FEES

Visiting Rider Member \$63.54

Please note that your membership does not carry any voting rights.

EQUINE INFORMATION

Has this equine been previously registered with your National Federation?

Yes No

If yes - **ESNZ NAME *** **REG #**

OWNERSHIP DETAILS

Primary Owner

NAME

Other Owner/s

NAME

Rider

NAME

* Please attach a copy of your Equine ID Page

REGISTRATION FEES

| | |
|---------------------------------|---------|
| ESNZ EQUINE REGISTRATION | \$63.54 |
|---------------------------------|---------|

DECLARATION *

"I hereby agree to abide by the general rules and regulations of Equestrian Sports New Zealand Inc." For a full copy of these please refer to www.nzequestrian.org.nz "I also agree to abide by the respective Discipline, show or area rules as applicable."

SIGNED * **DATE ***
/ /

Please complete if the rider is under 18 years of age
"I hereby give my consent for the rider to compete as listed above."

SIGNATURE OF PARENT / GUARDIAN

PAYMENT DETAILS

Please note, we now only accept credit card payments

5% transaction fee applies

NAME ON CARD

CARD TYPE

CARD NUMBER

CVC (3 DIGITS ON THE BACK OF CREDIT CARD) **EXPIRY DATE**
/ /

APPLICATION TOTAL \$

