

ALL NOVICE/OPEN Wins must be recorded excluding Paced & Mannered and/or Rider wins

	Date	Show/Event	Steward (Print)
1	/ / 20		
2	/ / 20		
3	/ / 20		
4	/ / 20		
5	/ / 20		
6	/ / 20		

FIRST RIDDEN

ALL NOVICE/OPEN Wins must be recorded excluding Paced & Mannered Wins (record below) and/or Rider wins

	Date	Show/Event	Steward (Print)
1	/ / 20		
2	/ / 20		
3	/ / 20		
4	/ / 20		
5	/ / 20		
6	/ / 20		

ALL NOVICE/OPEN PACED & MANNERED Wins

1	/ / 20		
2	/ / 20		
3	/ / 20		
4	/ / 20		
5	/ / 20		
6	/ / 20		

PLEASE NOTE:

MEASURING - All RAS approved Measuring Stands and their contact details are listed on the RAS website. As they become available, measuring dates and times are also stated - ras.org.nz / equestrian section.

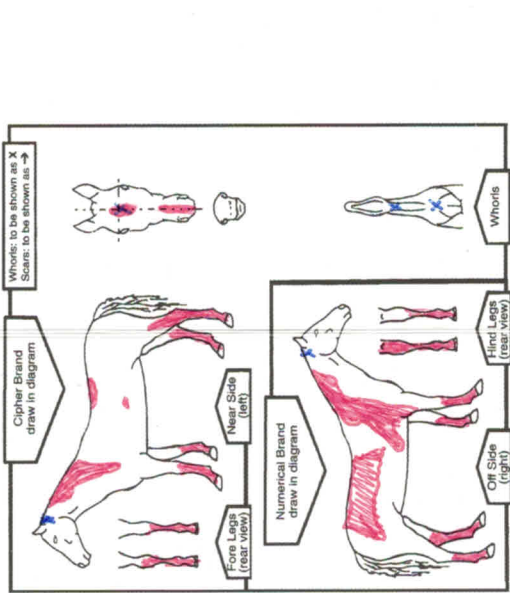
EQUESTRIAN RULES - for RAS affiliated Shows/Events, Competitors, Exhibitors and Judges, is a valuable resource for all Show Competitors/Exhibitors. You can view the Rulebook or download it from - W: ras.org.nz (equestrian section).

1. Name of Lessee: _____
Address: _____
P: _____ **E:** _____
 Date Lease Commenced: ___/___/20___ for ___yrs/mths
 Date Lease Expires: ___/___/20___ RAS Lease No. ___/___
 Lessee Signature: _____
 RAS Signature: _____ Date: ___/___/20___

2. Name of Lessee: _____
Address: _____
P: _____ **E:** _____
 Date Lease Commenced: ___/___/20___ for ___yrs/mths
 Date Lease Expires: ___/___/20___ RAS Lease No. ___/___
 Lessee Signature: _____
 RAS Signature: _____ Date: ___/___/20___

3. Name of Lessee: _____
Address: _____
P: _____ **E:** _____
 Date Lease Commenced: ___/___/20___ for ___yrs/mths
 Date Lease Expires: ___/___/20___ RAS Lease No. ___/___
 Lessee Signature: _____
 RAS Signature: _____ Date: ___/___/20___

MEASURER: NAME Joanne Thomas
SIGNATURE 



BRANDS _____ **MICROCHIP No.:** / **STICKER** _____
LS _____
NS _____

PLEASE NOTE:
 You, as the Owner or Person Responsible of the horse/pony must notify RAS Head Office if there is a change of ownership / lessee, or a replacement Horse/Pony ID form required - this cannot be actioned at the Measuring Stand. Relevant forms can be downloaded from the RAS website - ras.org.nz / equestrian section.
E: enquiries@ras.org.nz **P: 03 313 1004** © Copyright

1. Name of Owner: Christine Renall
Address: 78 Harvey Rd
Waikuku **Post Code:** 2686
P: _____ **M:** 021 2893066
E: christinerenall@gmail.com

Owners Signature: _____
RAS Signature: Joanne Thomas **Date:** 17 / 10 / 2020
2. Name of New Owner: _____
Address: 658 Te Maire Valley Rd
RD3 Tamaramui **Post Code:** 3993
P: 07 8955960 **M:** 02 75443446
E: _____

Owners Signature: _____ **Date:** ___/___/20___
RAS Signature: _____ **Date:** ___/___/20___

3. Name of New Owner: _____
Address: _____ **Post Code:** _____
P: _____ **M:** 02
E: _____
Owners Signature: _____
RAS Signature: _____ **Date:** ___/___/20___

4. Name of New Owner: _____
Address: _____ **Post Code:** _____
P: _____ **M:** 02
E: _____
Owners Signature: _____
RAS Signature: _____ **Date:** ___/___/20___

