



Australian Stock Horse  
SOCIETY

# Gloucester Branch

## 2018 GLOUCESTER ASH YOUTH CLINIC








Date: 10th, 11th and 12th July, 2018

Location: Gloucester Showground

Age: 7-18 yrs old

### First 40 Paid Entries Accepted

Tuition by accredited judges/coaches

-  two handed cutting
-  camp draft - dry work only
-  dressage
-  timetrial/utility
-  working and hack patterns
-  showjumping
-  team penning

Price includes tuition, camping, stabling, morning tea and lunch for riders, (lunch available for parents/carers for small fee!).

Appropriate clothing, footwear, saddlery and tack and an approved helmet is required, at all times. A helmet must be worn at all times whilst mounted.

Full payment of \$150 per rider must be paid with the entry form to secure your place.

ASHs DAY MEMBERSHIP AVAILABLE ON THE DAY!

For more information please contact Tarnya Turner, on 0428900456.

Direct Deposit Details: Australian Stock Horse Society Gloucester Branch

BSB: 082595 Account No.:509678391

Please use surname as reference.

# ENTRY FORM

## GLOUCESTER ASH BRANCH

### YOUTH CLINIC

DATE: 10th, 11th and 12th July 2018

LOCATION: Gloucester Show Ground

Participants **MUST** be 7-18yrs old and current financial ASH members  
(ASH Day membership available).

(Riders must be independent riders and suitably mounted)

#### CONTACT DETAILS

Name \_\_\_\_\_ DoB \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Town \_\_\_\_\_ Postcode \_\_\_\_\_

ASH Membership No: \_\_\_\_\_

Contact No. \_\_\_\_\_ Email \_\_\_\_\_

Please indicate rider's level of experience (circle):

Level 1 – Beginner Level 2-Some experience Level 3-Experienced

I wish to participate in the Gloucester ASH Branch 2018 Youth Clinic and will abide by the ASHS codes of conduct.

Each family must nominate a helper for the three days.

Helper Name: \_\_\_\_\_ Contact No. ....

Signature of Parent / Guardian \_\_\_\_\_

Name of Parent / Guardian \_\_\_\_\_

Please indicate whether parent/ guardian is attending YES / NO (circle)

If parent/guardian is not to be in attendance, please indicate supervising adult for your child:

Name \_\_\_\_\_

Contact phone no.: \_\_\_\_\_

**COST IS \$150- PAYMENT TO BE SUBMITTED WITH ENTRY**

Payment is by direct deposit (DD details on front page)

Please return this entry form with payment confirmation to: [tarnyturner@yahoo.com.au](mailto:tarnyturner@yahoo.com.au)

Tarny Turner, 50 Bucketts Rd, GLOUCESTER, NSW, 2422