



# Gloucester Branch

## 2019 GLOUCESTER ASH YOUTH CLINIC

Date: 9th, 10th and 11th July, 2019

Location: Gloucester Showground

Age: 7-18 yrs old

### **First 40 Paid Entries Accepted**

Tuition by accredited judges/coaches

- two handed cutting
- cattle work
- dressage
- time trial/utility
- working and hack patterns
- showjumping
- team penning
- animal hygiene /handling

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. **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: 9th, 10th and 11th July 2019

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 2019 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 debit (DD details on front page)

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

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