

# The Equestrian Federation of Australia Victoria Branch Incorporated

ABN: 80 362 146 367



## EFA OPEN JUMPING CLINICS 2009

Werribee Park National Equestrian Centre

**TRAINING CLINICS WILL BE CONDUCTED ONE WEEKEND A MONTH**  
**Get in early to avoid disappointment.**

- **Coaches : Robbie Allen** Open to All
- Horses do not have to be EFA registered BYO lunch
- Times will be posted on the EFA website [www.efavic.com.au](http://www.efavic.com.au) (by Thurs pm before w/e)
- Stables, & sites can be Booked through [www.wpnec.com.au](http://www.wpnec.com.au)
- Prices are per horse per day. Facility fee will apply to **EACH** horse brought to WPNEC.
- Non EFA Members must pay \$20.00 and complete NON Member Application (attach forms)
- **All Inquiries to: Annie White 9974 0511 ext 107 email: [jumping@efavic.com.au](mailto:jumping@efavic.com.au)**

CLINIC DATES	SATURDAY <small>Acc#</small>	SUNDAY	Total <small># 4-1260 JVOC</small>
28 Feb – 1 <sup>st</sup> March	\$44.00 per horse	\$44.00 per horse	\$
28-29 March	\$44.00 per horse	\$44.00 per horse	\$
18-19 April	\$44.00 per horse	\$44.00 per horse	\$
30-31 May	\$44.00 per horse	\$44.00 per horse	\$
27-28 June	\$44.00 per horse	\$44.00 per horse	\$
25-26 July	\$44.00 per horse	\$44.00 per horse	\$
29-30 Aug	\$44.00 per horse	\$44.00 per horse	\$
24-25 Oct	\$44.00 per horse	\$44.00 per horse	\$
28-29 Nov	\$44.00 per horse	\$44.00 per horse	\$
<small>Acc# 4-1115 JVOC</small> Facility Fee \$15 per horse per weekend			
<small>Acc# 4-1120 JVOC</small> INSURANCE (Required if not member of EFA) \$20.00			
TOTAL PAID			

Name of horse/s and grading/level points (if any):

1 \_\_\_\_\_ ( ) pts 2 \_\_\_\_\_ ( ) pts

What height/level is the horse jumping.....

Name of Equestrian Clubs: \_\_\_\_\_

**This becomes a Tax Invoice upon receipt of payment for the amount stated**

PLACE MEMBER LABEL HERE OR COMPLETE THE FOLLOWING:

ABN: 80 362 146 367

Name: _____ EFA Membership #: _____	
Postal Address: _____	
Post Code: _____	
Daytime Phone: _____	Email: _____
Credit Card Type: VISA <input type="checkbox"/> or MASTERCARD <input type="checkbox"/>	
Card Holder Name: _____	Signature: _____
Expiry Date: ___/___/___	Card #: ___/___/___/___/___/___

**Postal Address: PO Box 616, Werribee, VIC 3030**

Ph: 03 9013 0707 Fax: 03 9974 0577

[www.vic.equestrian.org.au](http://www.vic.equestrian.org.au)