



## Edward Doyle Clinic

### Sunday 21<sup>st</sup> March to Monday 22<sup>nd</sup> March

Clinic run in conjunction with DJWTS 2010

*Held at Werribee Park, 170 K Road, Werribee This clinic subsidises the cost of our International Star so please support to ensure the viability of continuing this valuable component of the Jumping Calendar. This years star is the highly successful International rider Edward Doyle. You can get more details of his profile on his website- [www.edwarddoyle.com](http://www.edwarddoyle.com)*

**It is open to all Jumping riders – it is not a condition that you are a part of the JWTS event.**

Name:

**Fees:**

- \$150.00 (including GST) or \$80.00 for one day
- \$11 per day per horse Facility Fee (WPNEC).
- **Preference is given to riders who are booking in for the full 2 day clinic**
- **3 to 4 riders/horses maximum per group Grouped according to experience of the horse.**
- *For further information contact: Annie White 90130707 ext 101 E-mail: [jumping@equestrianvictoria.com.au](mailto:jumping@equestrianvictoria.com.au)*
  - **CLOSING DATE: 2<sup>nd</sup> MARCH 2009**

| Horse Details |             |                               | Rider Details |                                 |
|---------------|-------------|-------------------------------|---------------|---------------------------------|
| Age & Sex     | Horse Name: | Standard (grade, height, etc) | Rider Name:   | Standard (grade ridden at, etc) |
|               |             |                               |               |                                 |
|               |             |                               |               |                                 |

\*Standard – grade/height and experience/competition level.

THIS BECOMES A TAX INVOICE UPON PAYMENT – please copy for your records

PLACE MEMBER LABEL HERE OR COMPLETE THE FOLLOWING:

**ABN: 80 362 146 367**

|  |  |  |
|--|--|--|
| Name: _____  | EFA Membership #: _____                  | Amount: <input style="width: 100px; height: 20px;" type="text"/> |
| 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 #: ___/___/___/___/___/___                                  |  |  |