| SHANE MASSINGHAM clinic JULY 15 - 16 ~ 2023 APPLICATION FORM | |
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| Applicant Information | |
| Name: | |
| Address: | |
| Phone: | |
| Payment information FOR PAYING OFF CLINIC FEES | |
| **Riding position - NQWPHC members price $350 total**  D  $175 (1st payment) due immediately to secure ridden position  $175 (balance) due June 15, 2023 | |
| **Riding position – Non / New Members (includes single membership) $410 total**  D  $205 (1st payment) due immediately to secure ridden position  $205 (balance) due June 15, 2023 | |
| **Spectator Passes (Fence sitting)**  D  **$60 per day ~ $50 per day if purchased before the 15th June**  Number of days attending \_\_ Total $\_\_\_\_\_\_\_\_\_\_ | |
| **PAYMENT METHOD:**  EFT Banking Details:  NQWPHC Inc. BSB: 633-000 Account: 150130276  Please leave “*Shane* and *your surname*” as a reference when paying  **🞏 Payment # 1 - $\_\_\_\_\_\_\_ 🞏 Payment # 2 - $\_\_\_\_\_\_\_ 🞏 Payment # 3 - $\_\_\_\_\_\_\_**  Email remittance advice to [treasurer@nqwphc.com.au](mailto:treasurer@nqwphc.com.au) | |
| TERMS AND CONDITIONS - please read carefully | |
| 1. **Members must be 2023 financial members. Membership Forms available** at [http://www.nqwphc.com.au/Forms/NQWPHC\_Membership%20Form\_2023.pdf](http://www.nqwphc.com.au/Forms/NQWPHC_Membership%20Form_2023.pdf%20%20)  and must be complete and emailed along with this clinic application. | |
| 1. All payments are non-refundable. No cancellations accepted without a horse vet out certificate valid for that weekend, or a rider medical certificate valid for that weekend. Any rider unable to attend without a certificate will be responsible for full payment of clinic, or responsible for finding a replacement rider as we cannot be responsible for unforeseen problems and have prepaid for travel expenses etc.   **We may have a waiting list and may be able to help fill, but ultimately the onus is on the rider to fill.** | |
| 1. The clinic is run under NQWPHC, THPC and HSAA rules. | |
| Signatures | |
| I agree to the terms and conditions of this application: | |
| Signature of applicant: | Date: |
| Office acceptance: | Date: |