



ADULT CAMP

4th – 5th September 2010

BOOKING FORM

Name/s: _____

Email address/s: _____

If no email/postal address: _____

* A program for the QSPHA Adult Camp will be available via email or upon arrival. Please be punctual for all events. Because of time restrictions, we must follow the nominated times, whether you are there on time or not.

Please fill in this form and return with a \$50 deposit for each attendee. A Waiver will need to be completed by each person attending and will be provided upon receipt of your booking.

1. [] QSPHA Members \$165.00 [] Non-Members \$185.00 (incl \$10 per day insurance)

(Please circle the applicable answers)

2. I will arrive on Friday/Saturday Approx. time: _____ AM/PM

3. Stables are \$10 per DAY. I will require _____ stables for Friday/Saturday/Sunday
+ \$10.00 bond (refundable) per stable Total \$ _____

4. I will require a camping site YES/NO at \$15 per site per night Total \$ _____

5. I do / do not suffer from any allergies.

6. I do / do not have a medical condition which we need to know about.

Please advise us if applicable: _____

7. Any other information you feel we should know? _____

8. Riding Ability: Beginner/Improver/Advanced (Please circle one)

TOTAL PAYABLE: \$ _____

LESS DEPOSIT: -\$ _____

BALANCE PAYABLE: \$ _____

Please make cheques payable to QSPHA INC.

We hope that you will enjoy the Adult Camp. See you there!

Pat & Sue Maxwell 3888 3411

EFT Details:-

Credit Union Australia

Bsb No. 804050

Acc No. 10326045

Please mail this booking sheet and deposit to:-

The Treasurer – QSPHA Inc

747 Pumicestone Road

Caboolture Qld 4510

Note: The QSPHA Inc accepts no responsibility for loss, damage or injury. All riders compete at their own risk.

Proper riding boots MUST be worn during all riding sessions. No illegal training devices are allowed in any session.

PLEASE RETURN THIS FORM BY 10-08-10

Late nominations will be accepted subject to availability.