

OPEN RIDER DECLARATION

l,	(Full Name) Of		
	State	Postcode	
Phone Number:	Email:		
DOB:	declare that I am not an encourage	ement rider and have won/ placed at the	following

drafts;

CAMPDRAFT SHOW	DATE	EVENT	PLACING	ASSOCIATION
1.				
2.				
3.				
4.				
5.				

(Competitor Signature)

(Date)

(Witness Signature)

(Date)

(Witness Name)

This form is to be forwarded to general@abcra.com.au

NB: Any person found to be making a false declaration will face disciplinary proceedings and may have their membership suspended. In the event of injury your Personal Accident cover with the ABCRA policy will be null and void.

OFFICE USE ONLY				
Updated in icompete	Scanned to competitor documents			

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