



OPEN RIDER DECLARATION

I, _____ (Full Name) Of _____

_____ State _____ Postcode _____

Phone Number: _____ Email: _____

DOB: _____ declare that I am not an encouragement 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	
<input type="checkbox"/> Updated in icompete	<input type="checkbox"/> Scanned to competitor documents