



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	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.