SOUTH AFRICAN WESTERN MOUNTED GAMES ASSOCIATION

Plot 177 Mooiplaats Pretoria 0002 / (C) 082 324 4196
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Date:_____

Qualifier:_____ Province:_____

Venue:_____

Original entry
Rider name: _____ Horse:_____

Level:_____

New entry:
Rider name: _____ Horse:_____

Level:_____

I, the undersigned, acknowledge that I understand that the times ridden & points allocated will be given to the new horse/rider combination.

Rider:_____

Parent if under 18:_____

Show organizer:_____