

# Rocky Cutting Club – Middlemount Show

## 4<sup>th</sup> - 6<sup>th</sup> August 2017



Entries must be emailed or posted. NO PHONE ENTRIES ACCEPTED. Entries must be paid by entry closing date – **24/07/20**

Payment: \* **Direct Deposit** - BSB number : 034-210 A/c No: 413802 (please use surname as reference) \* **Cheques** - payable to Rocky Cutting Club Inc.

Cancellations accepted up until 48hrs prior to show commencement time. Committee reserves the right to refuse nominations, alter or delete any part of the programme and close entries without notice due to weather or cattle numbers.

### NOMINATIONS RECEIVED WITHOUT PAYMENT WILL NOT BE INCLUDED IN THE DRAW

#### FRIDAY

EVENT	ADDED	ENTRY FEE	CATTLE HIRE	OFFICE FEE	VIDEO FEE	NCHA FEE	TOTAL
Pre Works – 1pm			\$50.00				\$50.00
\$5000 Novice – 4 pm	\$750.00	\$75.00	\$50.00	\$25.00	\$5.50	\$7.70	\$163.20

#### SATURDAY cattle in 7 a.m.

Snaffle Bit (affiliated)	\$300.00	\$30.00	\$50.00	\$25.00	\$5.50	\$7.70	\$118.20
\$15,000 Non Pro	\$750.00	\$75.00	\$50.00	\$25.00	\$5.50	\$7.70	\$163.20
Rookies	\$300.00	\$30.00	\$50.00	\$25.00	\$5.50	\$7.70	\$118.20
Snaffle Bit Futurity GR1 **	\$1,000.00	\$100.00	\$100.00	\$25.00	\$11.00	\$7.70	\$243.70
Youth	Trophies		\$30.00		\$5.50	\$7.70	\$ 43.20
Open	\$750.00	\$75.00	\$50.00	\$25.00	\$5.50	\$7.70	\$163.20
Local Snaffle Bit	\$100.00						

\*\* 15% Aged Event Admin Levy will apply

#### SUNDAY cattle in 7 a.m.

Novice Non Pro	\$750.00	\$75.00	\$50.00	\$25.00	\$5.50	\$7.70	\$163.20
Snaffle Bit Futurity GR2							
\$15000 Novice	\$750.00	\$75.00	\$50.00	\$25.00	\$5.50	\$7.70	\$163.20
\$7500 Non Pro	\$750.00	\$75.00	\$50.00	\$25.00	\$5.50	\$7.70	\$163.20
Ted Tighe Memorial - Open Non Pro	\$750.00	\$75.00	\$50.00	\$25.00	\$5.50	\$7.70	\$163.20

I am registered for GST: No      Yes      My ABN No is:.....

I am not quoting an ABN as the entry is made in the course of an activity that is private recreation or hobby:      Yes      No

Permission is granted for RCC &/or official photographer to use images of yourself/horse for promotional use:      Yes      No

#### ENTRY DETAILS

Signature:.....

EVENT	HORSE	OWNER	RIDER	NCHA#	E/Fee \$

Non Members NCHA Weekend Fee: \$22.00

Total Fees.....

Name : .....Cheque Encl:

Direct Deposit:

Address: .....

Email:..... Contact Ph No:.....

Emergency Contact Name & Ph No:..... If Youth Competitor – DOB: .....

Bank A/c Details for payment of Prizemoney: A/c Name:..... BSB:..... A/c No:.....

Enquiries: Kelly O'Toole – 0421 799 525    Send entries to: RCC Show Secretary – PO Box 2008, WANDAL QLD 4700    Email entries to: [rockycuttingclub@hotmail.com](mailto:rockycuttingclub@hotmail.com)

**Horse Health Declaration & Movement Record**

Record No:

**Event Details**

Event Name:	Middlemount Cutting Show		
Name of Event Organisers:	Rocky Cutting Club Inc.	Contact Details: rockycuttingclub@hotmail.com	
Date of Event:			
Proposed Movement Dates	Start Date:		End Date:

**Owner or Person In Charge of Horse/s**

Full Name:	
Full Address:	
Email:	
Mobile Ph No:	

**Property Of Origin Of Horse/s**

Full Address (If different to above)	
Property PIC Number:	

**Destination of Horse/s**

Venue Name:	Middlemount Rodeo Grounds
Venue Address:	Dysart Middlemount Road, MIDDLEMOUNT QLD 4746
Venue PIC Number:	QCBS0421

**Horse/s Identification Details**

<u>Registered Name</u>	<u>Sex</u>	<u>Colour</u>	<u>Brands</u>	<u>Hendra Vaccination Current (Yes/No)</u>

**Declaration (to be completed by the person in charge of horse/s, as above)**

I \_\_\_\_\_ declare that the horse/s named above has/have been in good health, eating normally and not shown signs of illness during the last 3 days leading up to this event. I give my authorisation for the Event Organising Committee/Manager to call for veterinary inspection of the horse/s named above and in my care should they be showing signs of illness at any time during the course of the event. I agree to pay any veterinary fees incurred for the above mentioned horses as a result of this veterinary examination.

**I further declare that:**

- My horse/s and vehicle/s will be presented at this event, clean and free from any disease agents.
- The information contained in this Biosecurity Declaration & Movement Record is true and correct to the best of my knowledge.
- I agree to abide by all conditions that may be imposed at any time by the Event Organising Committee/Manager.
- I acknowledge that failure to comply, may result in me being directed to leave and my nominations will be forfeited.
- I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organising Committee/Manager.
- I acknowledge that there is a possibility that horses might become infected with disease agents as a result of any movements and if necessary horses and premises will be quarantined in accordance with any Legislation covering such occurrences including policies and procedures in effect at that time.
- I agree and acknowledge that the Event Manager/Organising Committee, it's State or National Affiliated bodies and their members are not in any way liable for any cost, expense, loss, damage, claim, action, proceeding or other liability incurred by or made against me as a result of any movement of horses to this event.

Signature	Date
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