

Please complete this form with payment details and return to Equestrian Queensland by;

COB Monday 1 October 2018

P.O Box 1358 COORPAROO D.C QLD 4151

Phone: 3891 6611 Fax: 3891 3088 Email: hp@equestrianqld.com.au

	Name:	me: EQ Number:		
Your details (print clearly)	Address:			
	Suburb:	State:	Post Code:	
	Country (if not Australia):	ot Australia): Tel (BH):		
	Tel (AH):	Mobile:	Fax:	
	E-Mail:			
	Horse name:	Current jumping height:		
	I am attending as a:			
	☐ JQ Squad combination	(free) One day	☐ Both days	
	Note: This clinic is offered to State Squad riders in the first instance, should there be any remaining lesson places, these will be opened to current EQ members.			
	☐ Non-squad combination	ı (\$80/lesson) 🗆 One da	y 🗆 Both days	
Upon payment, this form will become a TAX INVOICE				
Lesson fees are not refundable within 1 week of clinic without a veterinary or medical certificate. Any cancellation request prior to this must be addressed in writing to the Equestrian Queensland attention – High Performance Co-ordinator				
Payment Method	Please charge my card $\$ for the clinic (note: There is a 1.5% merchant fee on all transactions) Credit Card: $\$ VISA $\$ MasterCard			
	Credit Card Number:///////			
	Expiry Date:	/ CCV (Last 3 digi	ts on back of card):	
	Card Holder's Name:		_ Signature:	



