



COMMONWEALTH CLYDESDALE HORSE SOCIETY AUSTRALIA

(Federal Council) Incorporated
Reg.No. A0019631A ABN 24 748 123 650
PO Box 1053 Bendigo Victoria 3552

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APPLICATION FOR CASUAL DAY PARTICIPANT INSURANCE

NAME:

POSTAL ADDRESS:

..... **POSTCODE:**

TELEPHONE:

EMAIL:.....

CCHS BRANCH: **Victoria Branch**

EVENT : **2019 National Clydesdale & Heavy Horse Festival**

I wish to compete in event conducted by this Society and/or a Branch of this Society and agree to pay the Casual Day Participant Insurance Levy. I understand that payment of this levy is required for insurance purposes and does not entitle me to membership of the Society. I am aware that after using this insurance levy **twice within a financial year**, I may be offered full membership by completing a CCHS membership application and pay the prescribed fee of \$70.00 per annum to the Society, and that the annual Membership levy falls due on 1st July of each year. I agree to abide by all decisions of the Society in relation to all matters arising out of or in connection with each event in which I participate.

Enclosed please find remittance of \$20.00 per event being for Casual Day Participant Insurance.

I, as the participant accept the above agreement.

Signature:

Printed Name:

Date:

Note: \$20.00 Fee includes GST

Adult non CCHS Member Casual Event Insurance