

ENTRY FORM

SERIES CHAMPIONSHIP SHOW JUMPING

ONE DAY UNRANKED

SUNDAY 27th SEPTEMBER 2026

VENUE: WILD GEESE LODGE, HARARE

ENTRIES CLOSE FRIDAY 18th SEPTEMBER 2026 AT 5PM

CASH ENTRIES CAN BE DROPPED OFF AT 60 PIERS ROAD BORROWDALE
PLEASE BRING THE CORRECT AMOUNT OF PAYMENT

CLASS ENTRY SELECTION

CLASS NUMBER - HEIGHT	HORSE NAME	RIDER NAME	AMOUNT USD INC VAT

Medical Fee USD\$10 inc. VAT per rider USD \$ _____

Non-Duty Levy USD\$10 inc. VAT per rider USD \$ _____

TOTAL USD - INC. VAT **USD \$** _____

FEES AND PAYMENT STRUCTURE

MEDIC FEE	USD\$10	per rider (Inc. VAT)
SHOW ENTRY FEE	USD\$15	per round (Inc. VAT)
COMPOSITE ENTRY	USD\$25	for two classes
NON-DUTY LEVY	USD\$10	per rider (Inc. VAT)

Part of Entry Fee – each Groom receives Lunch and a Drink

Part of Entry Fee - Horse/Pony Facilities included

RIDER DETAILS

Surname: _____
 First Name: _____
 Age (if under 18): _____
 Email: _____
 Phone / WhatsApp: _____
 Emergency Contact: _____
 Emergency Contact No.: _____
 Medical Aid Details: _____

DUTY

Complete only if doing a duty or nominating someone to do it.
 The USD\$10 non-duty levy will then be removed.

Name: _____ Mobile: _____

DUTY PREFERENCE

☐ Writing ☐ Collecting Ring ☐ Judge

TIME PREFERENCE

☐ Morning ☐ Afternoon

HORSE / PONY DETAILS

Name of Horse / Pony: _____
 Owner: _____
 Date of last AHS Vaccination: _____

FOR NEW HORSES:

ATTACH A COPY OF THE AHS VACCINATION
BRING A COPY ON THE DAY

INDEMNITY

Neither the Organisers, nor Wild Geese Lodge, Country Road Acres, staff nor the stewards nor the officials shall be held liable for any accident, damage, loss, injury or illness to any person, animal or property arising from whatsoever cause. The entry of every owner and the participation of every competitor, official or other persons howsoever, shall be on the conditions of and subject to this indemnity. I, the undersigned parent/guardian, consent to the above-named rider participating in this event and agree to abide by the rules and conditions of entry.

DECLARATION

I hereby declare that the information provided on this entry form is correct and that I agree to abide by the rules and conditions of entry for this event.

Rider Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Contact Number: _____

Parent / Guardian Consent applies to riders under 18 years of age

PAYMENT DETAILS

BANK TRANSFER

Bank: NMB Bank

Account Name: Country Road Lodge T/A Wild Geese Lodge

Account Number: 00000260207838

Branch: Joina

Attach proof of payment (POP) with your entry

Email entries and POP to: accounts@wildgeese.co.zw

CASH PAYMENT

Cash entries may be dropped off at:

60 PIERS ROAD BORROWDALE

PLEASE BRING THE CORRECT AMOUNT OF CASH