



Training Day Entry Form

Training Day date: _____ ABCRA Member # _____

ABCRA Day Membership required : Yes/No

****Places are guaranteed once payment is received****

NAME	
ADDRESS	
EMAIL	
PHONE	
D.O.B	
SPECIAL DIETARY REQUIREMENTS:	
RIDING EXPERIENCE:	
Emergency Contact Name/Ph	
Payment via EFT	Bendigo Bank – BSB: 633000, Account: 137947750 Please reference your surname for payment

****Helmets are mandatory on training days – insurance requirement, please ensure you bring your helmet****

Email form to : watpa.general@gmail.com

Sally Williams – 0408 957 729

Cathy Neale – 0417 978 806