



N.Z. Equestrian Pleasure Society Inc.

PO Box 115

Otaki 5512

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Facebook Page www.facebook.com/groups/508803879256577

G.S.T No. 116-082-012

APPLICATION FOR PLEASURE HORSE REGISTRATION

1 August 2022 to 31 July 2023

Membership Number (if known) EPSM _____

Annual Registration Fee \$20.00 per horse

If a current member, do you require a new passport? Y / N

Name _____

Address _____

Town/City _____ Postcode _____

Home Phone _____ Fax _____ Mobile _____

Email _____

HORSE INFORMATION:

Horse's Show Name _____

Sex Gelding / Mare / Stallion Height (cms) _____ Colour _____

Markings _____ Brands _____

Distinctive Scarring _____

Micro Chip No. _____ Age _____ Date of Birth (if known) _____

Breed/s _____

Breed/Colour Registered YES / NO If YES, please state and include Registration No. _____

Has horse ever been registered with NZES? YES / NO If YES, under what name? _____

And for what discipline? _____

I would like to enter the high points competition - \$10.00 per horse

Please include a photo of the horse. Photo can be taken from one side which best identifies your horse and should show your horse's face turned towards the camera. Photo needs to include all the whole body of the horse, including hooves. This photo may be used eventually on an identification card so you will want to take the most complimentary photo.

Payment:

Fees can be paid either directly by internet banking or cheque made out to NZEPS. If payment is made by internet banking please use your name and membership no. (if known) as a reference. Your form and photo can also be emailed to the address above. The account details are NZ EQUESTRIAN PLEASURE SOCIETY INCORPORATED, ANZ 06-0730-0328163-00

Total Amount: _____ Cheque enclosed Internet Banked

I hereby advise that the above information is true and correct. I also note that the Society can cancel my registration if my horse is deemed not to be a Pleasure Horse and/or is in fact an open show horse. I allow the Society to use the details in this form for the operation of the Society.

Signed _____ Date _____

Office Use:

Chq No. _____ Receipt No. _____

Approved by _____ and _____ Date _____ Reg. No. EPSH _____