

APPLICATION FOR GRAZING FORM

Details:

Family Name:

Address:

.....

Phone: Home Work

Mobile Mobile

EmailAddress:

Horse/s Details:

Name: Height: _____.____ hh Colour: Age:

Name: Height: _____.____ hh Colour: Age:

Name: Height: _____.____ hh Colour: Age:

Vet :

Farrier :

Phone :

Phone :

Last Wormed:

Vaccinated:.....

Declaration:

I understand, accept and have signed all the terms and conditions that follow set out by Massey Pony Club and authorise the automatic payment for \$_____.____ from account number

Signed: Name:..... Date:.....

President: Sandra Lewins Phone 833-4168 Email - Sandra@lewinselectrical.co.nz

Grazing Manager: Cathy Hine Phone 810-9937 Email - mchine@xtra.co.nz

Assistant Manager: Leslie Andrews Phone 817 3663

Facilities: Murray Kennett Phone 833 9296