

## Grazing Application Form

Please complete the following form and make available for the committee to assess during their meeting held the first Wednesday of each month.

*Please detach and keep the grazing rules that were supplied with this form before handing back your application.*

### Members Details

Name: .....

Age: ..... Parents Names: .....

Home Address: .....

Home Phone: ..... Work Phone: .....

Mobile: ..... Email: .....

### Horse Details

Name: ..... Age: .....

Mare / Gelding (*please circle one*) Colour: .....

Any known behavioural vices/bad habits: .....

.....

Preferred Vet for emergency callouts: .....

Vets Phone Number: .....

Any other comments: .....

.....

I agree to the rules 1-24 outlined in the Grazing Regulations and accept that non-compliance will result in grazing rights being withdrawn.

Member's Signature:..... Date:.....

Parent's Signature:..... Date:.....

Committee Use Only	Approved: Yes / No
Signed:	Date