

WANGARATTA UNDERCOVER ARENA
218 Tone Rd Wangaratta

CLINIC - BOOKING FORM

Name of Instructor: _____

Phone Number: _____

Contact Person : _____ Phone: _____

Email: _____

Insurance/Public Liability certificate provided: Insurance Cover Expiry : _____

Personal Accident Insurance provided to participants YES / NO

**** If no personal accident insurance cover, it is your responsibility to ensure all riders have personal accident insurance. People can take out their own cover, or by being a member of a club affiliated with PCAV, EA, HRCVAV or similar.**

Date(s) required for arena hire : _____

Time(s) required for arena hire : _____

Weekend hire : \$200 per day

Lights: additional \$10 per 1.5 hour session

Total Cost : _____ Payment Method : _____

Payment to be made prior to arena use. Full payment required to secure all bookings.

7 days notice required for weekend cancellations or 25% of the booking fee will be charged.

Payment methods : Cash, Cheque, Eftpos, Direct Deposit, over the phone Credit Card 0357223400

**** Email online payment proof to arenahire@warbyvet.com.au**

Direct Deposit to Wangaratta Animal Hospital BSB 033260 Account Number 128108 Westpac

Reference - ARENA HIRE and CLUB NAME

Proposed riding activity/discipline (max 10 riders in arena at one time) : _____

Group riding level ability : (circle one) BEGINNER INTERMEDIATE EXPERIENCED

Please state if any additional equipment is to be brought on site and used in the arena: _____

Enquiries to Warby St Veterinary Hospital (03)57217177 Email arenahire@warbyvet.com.au

Office Use Only		Approved by:				Date:	
Payment received (circle):	CASH	EFTPOS	DIRECT DEPOSIT	CHEQUE	CREDIT CARD	Date:	
Inductor Name:				Date:		Time:	
Keys Provided to:				Date:		Returned by:	
Key bond \$50 received:				Key bond returned:			
Cleaning/damage/equipment bond \$100 received:				\$100 bond returned:			