



NATIONAL MINIATURE REGISTER INC.

STATE SHOW ENTRY FORM

Dates of Show: 13th, 14th & 15th JUNE 2025

Dundowran Equestrian Park, 316 Lower Mountain Rd, Dundowran. Qld.

Entrant: _____

Member No.: _____

Address: _____

Mobile No.: _____

Email: _____

Horses Registered Name	Registration No.	Class Numbers							

Facility Fee per handler (compulsory)	\$10.00	x	\$
Camping Fee per site per night(compulsory)	\$15.00	x	\$
Stable Fee** per horse	\$10.00	x	\$
Classes (Novelty classes, Youth & performance)	\$10.00	x	\$
Classes (State Halter)	\$20.00	x	\$
Youngstock (Halter)	\$15.00	x	\$
Handling Fee & Program (compulsory)	\$15.00	x 1	\$ 15.00
TOTAL			

**Stables are free for NMR Inc. financial members.

ALL STABLES MUST BE CLEANED BEFORE DEPARTURE OR A FEE WILL BE INCURRED

Are you stabling horses/ponies overnight? (Please circle) YES NO

If yes. Please circle the night you will be stabling FRI SAT SUN

Entries to be sent to:- nmr.inc@hotmail.com

Account Name: National Miniature Register Inc.

BSB: 633 – 000 Account: 177 524 055

Reference: Your Name and/or Member Number

Entries **MUST** be paid for on lodgement.

No credit or refunds will be offered for any entry withdrawals & no exhibit substitutions for any classes after the closing date for entries. If extenuating circumstances exist, then Members may apply to Committee for consideration of a refund.

ALL NOMINATION FORMS ARE TO BE EMAILED OR

POSTED ACCOMPANIED WITH THE REGISTRATION

FORM FOR EACH ANIMAL ENTERED. ENTRIES WILL

NOT BE ACCEPTED VIA FACEBOOK MESSENGER OR TEXT MESSAGES

Promoting Miniature Horses and Miniature Ponies in Australia



NATIONAL MINIATURE REGISTER INC.

HORSE HEALTH DECLARATION

Date of Show: _____

Hervey Bay Active Riders, 316 Lower Mountain Rd, Dundowran

Owner (or person in charge of horse/s):

Name: _____

Mobile No.: _____

Address: _____

Email: _____

Property of Origin of Horse/s:

Address (if different to above): _____

QDPI PIC Number: _____

	Registered Name	Description/Sex	Microchip No.	Breed	Stable Name
1.					
2.					
3.					
4.					
5.					
6.					

Are you stabling horses overnight? (Please circle)

YES

NO

If yes, please circle the nights you will be stabling.

MON

TUES

WED

THURS

FRI

SAT

SUN

Declaration by owner or person in charge of horse/s attending:

I, _____ declare that the horse/s named above has / have been in good health, eating normally and not shown signs of illness during the last 3 days leading up to this event. I give my authorisation for the Event Organising Committee/Steward to call for veterinary inspection of the horse/s named above and, in my care should they be showing signs of illness at any time during the course of the event. I agree to pay any veterinary fees incurred for the abovementioned horses as a result of this veterinary examination.

I AGREE TO ENSURE THAT:

1. All horses will be shampooed, rinsed and allowed to dry, and their hooves will be picked clean of all solid material and washed with shampoo.
2. All vehicles and equipment accompanying the horses will be cleaned to remove all solid material that could contain disease agents, and then disinfected.
3. The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.
4. In the event of horse movement restrictions, each participant will be responsible for the care, maintenance and cost of their horse/s including feeding and watering.

Signed: _____

Date: _____

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NATIONAL MINIATURE REGISTER INC.

Members Waiver

I/we hereby certify that the above details are correct and in accordance with the conditions of entry, as set down by the show organiser, which I/we have read and agree to comply with. I/we hereby acknowledge and accept that I/we are responsible for any non-members who accompany me/us. I/we hereby acknowledge that drug testing may take place at any National Miniature Register Inc. event and that by participating I/we agree to any such testing if requested/required. Further, I/we and any persons accompanying me/us, agree to abide by the constitution and show rules of the National Miniature Register Inc. I/we acknowledge and have made those accompanying me/us aware that equine sports have the potential to be dangerous and accept that while every effort will be made with regard to safety, I/we and those persons accompanying me/us, will not hold the National Miniature Register Inc. responsible for any damage, loss or injury incurred.

Disclaimer of Liability: Neither the organising committee of the National Miniature Register Inc. accept any liability for any accidents, loss, damage, injury or illness to horses, owners, spectators, or any other persons whatsoever. Exhibitors and handlers compete at their own risk.

Signature: _____ Date: _____

(If under 18, parent/guardian must sign)

Name: _____

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