

BATTLE HILL EVENTING INC.

AFFILIATED TO NZPCA

ONE DAY EVENT • EVENT SCHEDULE

DATE
Sunday 22 November 2026

VENUE
Battle Hill Farm Park

ENTRIES
www.evoevents.co.nz

Entries close Wednesday 12 November 2026

PROGRAMME

NO.	CLASS	HEIGHT	DRESSAGE	PRIZES / ENTRY
1	NZPC 95 – 21 years & over	95 cm	A3	\$50/\$30/\$20/\$10 \$80 entry
2	NZPC 95 – under 21 years	95 cm	A3	\$50/\$30/\$20/\$10 \$80 entry
3	NZPC 80 – 21 years & over	80 cm	L2	\$25/\$20/\$15/\$10 \$75 entry
4	NZPC 80 – under 21 years	80 cm	L2	\$25/\$20/\$15/\$10 \$75 entry
5	NZPC 65 – 21 years & over	65 cm	L1	Ribbons to 6th \$70 entry
6	NZPC 65 – under 21 years	65 cm	L1	Ribbons to 6th \$70 entry

Ribbons awarded to 6th place in all classes. Prize money paid to the Evo Events account. Dressage tests may be called for 65 & 80 cm classes.

FEES

Total payable = class entry fee + first aid (\$10) + GWRC horse levy (\$3) + GWRC rider levy (\$2) + Wairarapa Wellington Area levy (\$5/horse) + Evo booking fee.

- The Evo booking fee is charged separately by Evo Events and is not included in the class entry fee.
- All entries online at www.evoevents.co.nz with full payment by close. Late entries incur a \$20 fee, space permitting.
- Payments via POLi – have your bank details ready when entering.

CONDITIONS

- Every rider must supply a cross-country fence judge (16 or over).
- Non-Pony Club members must complete the NZPCA Casual Membership form (over page).
- XC course open for walking (unmounted) from midday Saturday. No competing horses in XC paddocks once flagged.

GEAR & SAFETY

- Run under ESNZ Rules for Eventing incl. Annex 5 (NZPCA). Dress per Article 655, Appendix 5.
- Helmets **MUST** be yellow-tagged. Riders supply their own back-number holders.
- Back protector's compulsory for cross-country. Gear check at every phase, all classes.
- Refunds/withdrawals: Article 646. Reservation of right: Article 611.

PLEASE NOTE

- Battle Hill is open to the public – ride with care; enter at your own risk. For some classes XC may run before show jumping.
- Take ALL rubbish and manure home. No lunging or yard facilities. No dogs on site under any circumstances (including in vehicles).



NZPCA CASUAL MEMBERSHIP AGREEMENT

For riders who are not members of Pony Club – complete and hand in with your entry.

MY DETAILS

SURNAME	FIRST NAMES
ADDRESS	POST CODE
EMAIL	DATE OF BIRTH (DD/MM/YY)
PHONE	MOBILE

EMERGENCY CONTACT

SURNAME	FIRST NAMES	RELATIONSHIP
PHONE	MOBILE	

APPLICANT DECLARATION (18 YEARS AND OVER)

I acknowledge I have no medical conditions that may affect my participation in this Event/Activity, or if I do, I have disclosed them to the relevant person. I agree to NZPCA (PO Box 8626, Havelock North) holding the information on this form and authorise its release to NZPCA members or organisations the NZPCA Board considers appropriate. My information is held securely under the Privacy Act 1993 and may be corrected on request.

I will not hold the Branch, Club, Area or NZPCA or their officers responsible for any claims, losses or costs (including legal costs) arising from my participation, except in the case of gross negligence or a wilful act or omission on their part, and I indemnify them accordingly. This Agreement permits me to participate only in the above Event/Activity. I acknowledge I am the Person Responsible for any horse I ride during Limited Pony Club Events/Activities.

SIGNATURE

DATE

PARENT / GUARDIAN CONSENT (APPLICANTS UNDER 18)

I am the parent/guardian/caregiver of the applicant, who is under 18. I have read and understand this form and the Membership Declaration and consent to the application on the basis set out here. I consent (or am authorised to consent) that the applicant has no medical conditions that may affect participation, or if they do I have disclosed them to the relevant person. When present at a Limited Pony Club Event/Activity, I am the Person Responsible for any horse the applicant rides and am bound by the NZPCA Constitution, Regulations and policies.

PARENT / GUARDIAN NAME

MOBILE

SIGNATURE

DATE

Branch / Club / Area & NZPCA use only: Signed (Officer) _____ Date _____