



## CLUB REGISTRATION FORM

I, the duly authorised representative of the Club, hereby apply to become registered as a Club with the South African Equestrian Federation (SAEF).

### DETAIL OF CLUB

Full Name: \_\_\_\_\_

VAT Registration Number (if applicable): \_\_\_\_\_

NPO/NPC Registration Number (if applicable): \_\_\_\_\_

Postal Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Website Address: \_\_\_\_\_

Province: \_\_\_\_\_ Region: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date when the club was established: \_\_\_\_\_

Other (Twitter/Facebook): \_\_\_\_\_

Name of Auditors or Accounting Officer: \_\_\_\_\_

Contact Details: \_\_\_\_\_

### DETAIL OF THE CHAIRPERSON/TREASURER:

Full name: \_\_\_\_\_

Title: \_\_\_\_\_ Designate: \_\_\_\_\_

ID Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

## **DETAIL OF THE CONTACT PERSON:**

Full name: \_\_\_\_\_

Title: \_\_\_\_\_

Designate: \_\_\_\_\_

ID Number: \_\_\_\_\_

Cell: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

## **PROFILE OF CLUB:**

Number of Competitive Members: \_\_\_\_\_

Number of Recreational Members: \_\_\_\_\_

Number of Social Members: \_\_\_\_\_

Other: \_\_\_\_\_

Facilities: \_\_\_\_\_

Arenas: \_\_\_\_\_

Club House: \_\_\_\_\_

Other: \_\_\_\_\_

### **Disciplines which will be offered by the Show Holding Body (Mark with an X)**

Carriage Driving  Dressage  Equitation  Endurance  Eventing

Para Equestrian  Jumping  Polo  Polocrosse  Saddle Seat

Tent Pegging  Showing  Vaulting  Western Riding

Other \_\_\_\_\_

### **Please supply copies of the following documentation:**

- NPO/NPC Registration Documents (if applicable)
- Signed Constitution
- Confirmation of club bank account (copy of cancelled cheque or bank letter)
- List of Executive/Council Members and key Office Bearers
- Resolution to Register as a Club
- Resolution to appoint duly authorised person
- Copy of ID for the duly authorised person
- Latest Annual Financial Statements (if club is older than one year)
- Minutes of last AGM (if club is older than one year)

I ....., the duly authorised person, hereby confirm that all Information contained in this application is true and correct and that the club will be bound by the Terms and Conditions of Registration as set out by the SAEF here below:

- The members of the Club guarantees payment of all amounts owing by the Club to any Association and/or the SAEF from time to time.
- If any such amounts are not paid by the Club to any Association and/or the SAEF when due, and are not paid within 7 days after written final demand of such payment, then the Club will be placed in bad standing and the process of de-registration will commence.
- The club undertakes to be a portal to the sport by registering riders and horses on behalf of the SAEF and providing that information to the SAEF
- The club is bound to affiliate to the discipline association/s where it's members participate at a recreational or competitive level
- The club agrees to be bound by the rules and regulations of the SAEF as published from time to time
- The constitution of the club will be subordinate to the SAEF Constitution and the constitutions of the associations where the club will affiliate to.
- The club indemnifies herewith the SAEF and its office bearers against all damages, losses, charges, costs, damages and all other expense and liability they may be incurred by any member, office bearer or competitor due to an accident or any other incident that may occur during an equestrian show held by this club.
- The club will at all times ensure that proper and comprehensive insurance is in place to cover all accident or incidents that may occur during an equestrian show held by this club.
- The club will ensure adherence to all safety regulations and legislation as is required for the holding of sporting events.

**Would you like to receive communications via e-mails?                      Yes / No**

**PLEASE SIGN:**

**For the CLUB, the signatory warranting that he is duly authorised hereto.**

\_\_\_\_\_

<b>Date</b>	<b>Place</b>	<b>Signature</b>
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**Please submit this form to the SAEF by e-mailing [admin@saef.org.za](mailto:admin@saef.org.za)  
For any additional information please contact 087 820 4670**