

AREA 12 CHAMPIONSHIPS ENTRY FORM

ALL BRC QUALIFIERS PLEASE USE OFFICIAL ENTRY FORMS

Entries Secretary: Miss Helen Pavey
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CLUB			
AREA			
	RIDER	HORSE	MEMBERSHIP NUMBER
1			
2			
3			
4			
	TEAM NAME :		
1			
2			
3			
4			
	TEAM NAME :		
INDIVIDUAL ENTRIES			
1			
2			
3			
4			
I certify that all the competitors are bona fide senior members of the above affiliated Riding Club, that their names and addresses appear on the current lists lodged at the British Riding Clubs Office and that they have read and agree to abide by the rules as laid down in the current Riding Clubs Rule Book.			
SIGNATURE:		DATE:	
Name and address for further correspondence:			
Tel: evening		Tel: on the day	
Email:			
<i>All teams are required to provide helpers for the day as this is an area ran event. The requirement is two helpers per team for half a day. Please indicate below contact details of helpers. Entry forms will NOT be processed unless this section is completed.</i>			
Helpers:			
Telephone:			