ENTRY FORM

Show Date ……

Name: …… Address: ……

……Post Code……Email……

Tel. No: …… Emergency Contact: ……Tel. No: ……

Class	Name of Horse	Horse Registration No.	Section	Owner (Incl. registration No.)	Riders Name	Rider Registration No.	Entry Fee

Registration numbers only required for affiliated competitions.

Payment Method: Cheque
Cheques made payable to Tushingham Arena

Total Entries	
First Aid (if applicable)	
Total	