

Heavy Horse Ridden Showing Clinic 2021

ENTRY FORM

FILL OUT IN BLOCK CAPITALS, $\underline{\text{ALL}}$ FIELDS MUST BE FILLED OUT OR ENTRY CANNOT BE ACCEPTED.

Full Name: Mr/M	liss/Mrs/Ms					
Address:		Postcode	: :			
Email:		Phone:	Phone:			
Emergency Phone (of person(s) responsible for the welfaday)		Are you	a member?	Yes	No	
Preferred Session Time: (Please note this is not guaranteed)		(more than 2, ple	of grooms: case contact the show mitting entry form)			
Session Times	Brief Description of A	bility/Compe	tition Lev	ze1		
9:00 - 10:00	Dilor Dobbilption of it	bility / Compo		, 01		
10:00 - 11:00						
TEA BREAK						
11:30 - 12:30						
12:30 - 13:30						
LUNCH BREAK						
14:30 – 15:30						
15:30 – 16:30						
16:30 – 17:30						
17:30 – 18:30						
	Session Type: Pair (£35)	Individual (£50	O) X			
	I hereby agree to ride at my or regulations of the South East I have suitable public liability	ern Shire Horse A				
	Signature:		Date:_			
			<u></u>			
Payment Method	* Please return form via email to show_e			ue/cash 1	eturn	
Cash	by post to SESHA, Southwood Farm, We	esterham, Kent, TN16 2	HR			
Cheque – m	ade payable to South Eastern Shi	ire Horse Associatio	on			
Bank Trans	sfer – made payable to details belo	w, please reference	CLINIC21			
Account Details:						
South Eastern Shire	Horse Association Account Num	ber: 01848709 B	ranch Sort Co	de: 30-9	1-60	
Total Amount	Payable: £					