



A.D.R.C

Please return entry form to the show secretary

CLASS	RIDERS NAME / AGE	MEMBERS NO.	HORSE / PONY NAME	HORSE / PONY AGE & HIGHT	Fee
				TOTAL :	

NAME:..... TEL NO:.....

ADDRESS:..... POSTCODE:.....

I have read & agree to abide by the show rules

CHEQUES MADE PAYABLE TO A.D.R.C

SIGNED :..... DATE:.....

This form must be signed by a parent / guardian if the competitor is under 18yrs

You enter this show in the full knowledge that there is no First Aid other than a phone call to 999

Please ensure that inoculations are up to date and that you bring your horse's passport to the show to be checked



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