



## ENTRY FORM – EVENTER TRIAL



DATE	CLASS	RIDER	HORSE	Member Y/N	Fee
<i>***Add a one-off fee of £1.00 per rider for First Aid cover</i>					
<b>TOTAL</b>					

Name \_\_\_\_\_

Where did you get this schedule? \_\_\_\_\_

Address \_\_\_\_\_

I agree to abide by the rules as stated on the schedule:

\_\_\_\_\_

Signed: \_\_\_\_\_

\_\_\_\_\_

Postcode. \_\_\_\_\_ Tel: \_\_\_\_\_

Entries to:  
**Mr Jonathan Canty, 11 Regent Street, Finedon, Northants NN9 5NB**

E-mail: \_\_\_\_\_

**Please make cheques payable to: *Rockingham Forest Riding Club***