



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>					
TOTAL					

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: **Mrs Cathi Short, 2 Denford Drive, Barton Seagrave,
Kettering, Northants. NN15 6UR**

E-mail: _____

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