



ENTRY FORM - DRESSAGE



Date	Class	Restricted R	Open O	Rider	Horse	Member Y/N	Fee
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*