

GATE RIDING CLUB

COTON ROAD, WHITACRE HEATH, WARWICKSHIRE, B46 2HL

CLUB SHOW ENTRY FORM SHOW DATE _____

PLEASE COMPLETE IN BLOCK CAPITALS

Enter the names as you would want them to be used in the

points competition for the end of year trophies

MEMBERSHIP No	CONTACT NUMBER	FULL	DAY	OFFICE USE ONLY	
				COMP No	
NAME OF RIDER / HANDLER				CLASS No	FEE
AGE AT 1st JANUARY (if under 18)					
PONY	HORSE	NAME			
Veteran - Age		ID	Y	N	
		<i>Please attach copy of your passport.</i>			
SIGNATURE (PARENT / GUARDIAN if under 18)					
I agree to abide by the rules of the Gate Inn Riding Club (see schedule)					
EMAIL ADDRESS _____					
EMERGENCY CONTACT NUMBER _____					
PRE ENTRIES TO BE SENT TO - 5 BARLOW COURT, KINGSBURY, B78 2HB					
Cheques made payable to The Gate Inn Riding Club. Thank You					
				First Aid	£1.50
				TOTAL:	

**PLEASE NOTE ALL COMPETITORS MUST HAVE
3RD PARTY LIABILITY**

From time to time the Gate RC will use photos for marketing purposes on Facebook and the website if you wish to opt out please tick this box