|  |  |  |  |
| --- | --- | --- | --- |
| Class No  **South Wiltshire Riding Club Entry Form 2018** | RIDER | HORSE | ENTRY FEE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Date of Competition……………………………………………………………

Name…………………………………………………………………………………....

Address………………………………………………………………………………….

……………………………………………………………………………………

Tel No: Home:……………………………..MOB………………………………..

E-Mail:……………………………………………………………………………………

Completed form and cheque payable to SWRC should be returned by the closing date stated on the schedule to:

Sarah Mitchell-Sheppard at: Titchmell Cottage, Fovant, Salisbury, Wiltshire. SP3 5JF

I agree to abide by the Rules, Terms and Conditions and Health and Safety Policy as set out in the associated schedule.

Signature:…………………………………………………………..