**South Wilts Riding Club Team details**

If you wish to be considered for a team, please complete and return the form together with legible photocopies of your horse’s complete vaccination record, identification pages + front page of passport to:   
Sarah Mitchell-Sheppard, Tichmell Cottage, Fovant , Salisbury, Wiltshire SP3 5JF

Name: ……………………………………...   
Tel: .....................................   
E-mail : …………………………………......….

Horse’s Name: ……………………………….

BE/ BD/ BSJA Points: ……………………………………………

If you have not been in a SWRC team before, please give brief outline of your and your horse’s competition experience:

*I would like to be considered for (please state competition and height)*

\*I have checked that my horse’s vaccination certificate is up to date/  
\*I agree to pay my entry fee on or before the event & understand if I cancel & my space cannot be filled I will still be required to pay the full amount.

Signed: ................................................    
Date: ……………………………………….