

## HUNTER TRIALS ENTRY FORM

**DATE OF SHOW: .....**

Class No	Riders Name	Age (if under 18)	Name of Horse	Entry Fee
First Aid Cover £2.50 Per Rider				
Total				

**Cheque made payable to: Gillian Head**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone no: \_\_\_\_\_

Email: \_\_\_\_\_

**I have read and agree to be bound by the rules of entry.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**(Parents if under 18yrs old)**