**BRC SEIB Horse Trials Area Entry Form 2024**

**Entry Details**

**Riding Club: Area:**

|  |  |  |  |
| --- | --- | --- | --- |
| **CLASS**  | **RIDER** | **HORSE** | **MEMBERSHIP NO** |
| Mixed 70cmBE90 Dressage 91 (2009)Team/Individual | **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| Junior 80cmBE90 Dressage 92 (2009)Team/Individual | **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| Junior 90cmBE90 Dressage 95 (2012)Team/Individual | **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| Senior 80cmBE90 Dressage 92 (2009)Team/Individual | **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| Senior 90cmBE90 Dressage 95 (2012)Team/Individual | **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| Mixed 100cmBE100 Dressage 101 (2009)Team/Individual | **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |

Contact Details:

Please contact the organiser for entry fees and deadlines.

I agree (on behalf of the competing member/s) to be bound by the rules of British Riding Clubs. I also understand that in the unfortunate event of cancellation, refunds will be dealt with in accordance with the current Handbook. I have checked that all horses’ flu vaccinations are correct.

It is the Team Manger’s responsibility to gain parental consent for juniors to participate at BRC events.

|  |  |
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| **Name** |  |
| **Address** |  |
| **Daytime Contact** |  |
| **Email** |  |