



**British Riding Clubs
NAF Festival of the Horse
Area Entry Form**



CLASS	TEAMS & PAIRS	HORSE	MEMBERSHIP NO
	1.		
	2.		
	3.		
	4.		
	1.		
	2.		
	3.		
	4.		
	1.		
	2.		
	3.		
	4.		
	INDIVIDUALS		

RIDING CLUB:

AREA:

I certify that all the competitors are current members of the above affiliated Riding Club, that their names and addresses appear on the current lists lodged at the British Riding

Clubs Office and that they have read and agree to abide by the rules as written in the current British Riding Clubs Rule Book.

SIGNATURE:

DATE:

Name & Address*

Daytime Telephone*

Email*

PLEASE NOTE ALL HORSES FLU VACCINATION CERTIFICATES MUST BE TAKEN TO THE QUALIFIER AND WILL BE CHECKED BEFORE MEMBERS ARE ALLOWED TO COMPETE.

PLEASE RETURN THIS FORM TO YOUR AREA QUALIFIER ORGANISER.

USE AS MANY FORMS AS REQUIRED.