

LONDON & SOUTH EAST NOVICE CHAMPIONSHIPS 2019
RIDING TEST TEAM ENTRY FORM

To be completed in respect of each Riding Test Team from your Club which has qualified in your Area for the Championships being held on 6th October 2019

NAME OF CLUB:

AREA:

| Team 1 / Team name: | | |
|---------------------|-------|-------------------|
| Rider | Horse | Membership Number |
| | | |
| | | |
| | | |
| | | |

| Team 2 / Team name: | | |
|---------------------|-------|-------------------|
| Rider | Horse | Membership Number |
| | | |
| | | |
| | | |
| | | |

If any of the above is also competing in another discipline, please mark SJ, D, or HT against their name.

I CONFIRM THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE TEAM MEMBERS ARE ELIGIBLE TO COMPETE

I enclose cheque for £_____ (**£100.00 per team to include Paramedics**) payable to 'Area 6 Liaison Committee'* OR I confirm payment has been made by bank transfer*
Sort Code: 09-01-55 Account No: 22385702 Reference: your club's name
** delete as appropriate*

Signed _____ Print name _____

Address _____

Email _____ Telephone No. _____

Name of Riding Club _____ Area No. _____

Please return this form by post to:

Liz O'Donnell, Tammerly, Ellesborough, Butlers Cross, Bucks HP17 0HA m: 07799 340504

Or email: liz.odonnell42@btinternet.com

NO LATER THAN Monday 23 September 2019