

**LONDON & SOUTH EAST NOVICE CHAMPIONSHIPS 2019
HORSE TRIALS TEAM ENTRY FORM**

To be completed in respect of each Horse Trials 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 D, RT, or SJ against their name.
NOTE: No **horse** can compete in both The Horse Trials and The Show Jumping Championship.

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

I enclose cheque for £_____ (**£220.00 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