

**British Riding Clubs**

**Combined Training Area Entry Form 2023**

**Please use as many forms as required**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLASS (Combined Training)** | **TEST**  **(dressage only)** | **RIDER** | **HORSE** | **MEMBERSHIP NO** |
| Senior Combined Training | Prelim 2 | **1.** |  | - |
| Prelim 12 | **2.** |  |  |
| Novice 27 | **3.** |  |  |
| Novice 28 | **4.** |  |  |
| Junior Combined Training |  | **1.** |  |  |
|  | **2.** |  |  |
|  | **3.** |  |  |
|  | **4.** |  |  |
| Senior CT Individual |  |  |  |  |
| Junior CT Individual |  |  |  |  |

**AREA**

**RIDING CLUB**

**ENTRY DETAILS**

**Helpers name**

**CONTACT DETAILS**

Name

**Once completed this form must be returned to the area qualifier organiser.**

**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.**

**Signed Date**

Email

Daytime Contact Number

Address