Thame Horse & Country Show

Thursday 21st September 2016

ENTRY FORM

Closing Date Friday 1st September (50% surcharge on late entries) PLEASE WRITE ALL INFORMATION CLEARLY

| | Class | Class Name of Animal Ri | | der Pedigree Sire | | Pedigree Dam S | | Age | Colour | Reg No. | Entry Fee | |
|--|--------|-------------------------|--|-------------------|--|----------------|--|--|--------|-------------|-----------|--|
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| Name of Owner. | | | | Name of Exhibitor | | | | Sub Total | | | | |
| Address: | | | | Address: | | | | Paramedic Cover - Per Exhibitor | | | £5.00 | |
| | | | | | | | | | | Total | £ | |
| | | | | | | | | | | eques Payal | | |
| Postcode: | | | | Postcode: | | | | Thame Horse & Country Show Competitors Numbers to be collected on show day next to ring 2 & 3 | | | | |
| Tel No.: | | | | Tel No.: | | | | | | | | |
| I hereby declare that the information contained on this Entry Form is correct to the best of my knowledge and i agree to abide by the Rules, Regulations, Conditions and orders of the Association. I furthermore undertake that the animals presented for judging are, to the best of my knowledge and belief, free from any infectious or contagious diseases. YOU MUST COMPLY WITH THE CURRENT WELFARE OF ANIMALS DURING TRANSPORTATION ACT | | | | | | | | Entries will not be accepted without the correct fees: Please return to: Miss A Croft, 17 Cheyne Way, Farnborough, Hampshire, GU14 8RX email: croftmann@hotmail.co.uk | | | | |
| Cimad | Signed | | | | | | | www.thamehorsecountrys.wixsite.com ALL PRIZE MONEY WILL BE PAID ON SHOWDAY | | | | |