

PENISTONE AGRICULTURAL SOCIETY LTD ENTRY FORM FOR ALL HORSE & PONY CLASSES

**NO ENTRY ACCEPTED WITHOUT APPROPRIATE FEE **CHEQUES TO BE MADE PAYABLE TO "PENISTONE AGRICULTURAL SOCIETY LTD".
****ENTRIES CLOSE 1ST SEPTEMBER 2017.** AFFILIATED SHOWJUMPING - ENTRIES TAKEN ON THE DAY WITH A £2.00 SURCHARGE
****STAMPED ADDRESSED ENVELOPE MUST BE SENT WITH ENTRIES FOR RETURN OF PASSES & No.'s - MINIMUM SIZE 9" x 6.5"**
 **ENTRIES SHOULD BE RETURNED TO:- Mrs P. Alsop, Fairmount Farm, Huddersfield Road, Skelmanthorpe, Huddersfield HD8 9AS. Tel: 01484 863498/07949 131534

FOR SEC'S USE ONLY	CLASS NO	NAME OF HORSE	PASSPORT NO	RIDER/HANDLER	BREED/REGISTRATION/ IDENTIFICATION (eg., Fell 1122/33)	ENTRY FEE £ p
First Aid Contribution - £1 per Competitor						
Bank Charge						0 . 50
TO PURCHASE ADDITIONAL ENTRY WRIST BANDS AT THE REDUCED RATE, PLEASE INDICATE BELOW THE NUMBER OF EACH BAND REQUIRED & ADD THE CORRECT REMITTANCE TO THE TOTAL. ADULT £9.00 <input type="checkbox"/> CHILD £2.50 <input type="checkbox"/> FAMILY £20.00 <input type="checkbox"/> (2 ADULTS + 2 CHILDREN)						
NO ENTRY TO SHOW GROUND WITHOUT A WORN WRISTBAND - BANDS CAN ALSO BE PURCHASED ON THE GATE						TOTAL FEES

SHOW JUMPING - BRITISH SHOWJUMPING REGISTRATION NUMBERS MUST BE QUOTED

Horse(s) Expiry Date Rider(s)..... Expiry Date
 Owner(s) Expiry Date
ALL RIDERS MUST AT ALL TIMES COMPLY WITH STEWARDS/OFFICIALS DIRECTIONS. THEY MUST ALSO REMAIN IN THE PRESCRIBED AREAS. ANY PERSONS FAILING TO DO SO WILL BE REQUESTED TO LEAVE THE SHOWGROUND.

***THIS DECLARATION MUST BE SIGNED:- Please note that young persons under 18 will not be able to sign this declaration.**
 I ACKNOWLEDGE THAT I AM TAKING PART IN A RISK SPORT & THAT I AM A COMPETENT RIDER/ HANDLER AT THE LEVEL OF COMPETITION I AM ENTERING. I DECLARE THE ENTRIES BELOW TO BE MY OWN PROPERTY AND AGREE TO ABIDE BY THE RULES AND CONDITIONS OF THE SOCIETY (AVAILABLE ON THE WEB). **I HAVE PUBLIC LIABILITY INSURANCE AND A VALID EQUINE PASSPORT, WHICH WILL BE AVAILABLE FOR INSPECTION AT ANY TIME DURING THE SHOW.**

*Signed *Print *Date
 ADDRESS.....
 TELEPHONE No EMAIL