**COUNTY SHOW - SUNDAY 8th JULY 2018**

##### OFFICE USE ONLY

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| --- | --- |
| Date Rec’d |  |
| Checked |  |
| Number(s) |  |
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**SHOW JUMPING ENTRIES ONLY**

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| PLEASE USE BLOCK CAPITALS | ENTRIES CLOSE MONDAY 5th June 2017 |
| |  |  | | --- | --- | | **PLEASE USE BLOCK CAPITALS** | **ENTRIES CLOSE MONDAY 25TH JUNE** |   **ENTRIES RECEIVED AFTER 25TH JUNE AND BEFORE MONDAY 2ND JULY WILL BE ACCEPTED AT £5.00 EXTRA PER CLASS**  **ADDITIONAL ENTRIES WILL ONLY BE ACCEPTED FROM COMPETITORS WHO HAVE ALREADY ENTERED OTHER JUMPING**  **CLASSES PRIOR TO THE CLOSING DATE.** |
| **EXHIBITORS NAME ..................................................................................... TEL NO .......................................................** |  |
| **ADDRESS ........................................................................................................ EMAIL ......................…………………..…**  **........................................................................POSTCODE ......................……** | **DATE .................................................................**  **TEL No .............................................................** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Class & Section** | HORSE: Name, Registration, Number & Expiry Date | OWNER: Name | RIDER: Name, Registration, Number & Expiry Date | | | ENTRY FEE |
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| Non-Members of BS and horses not currently registered with BS may compete in all affiliated classes under the ‘Ticket to Ride’ scheme but will not be eligible for prize money. | | | Contribution to First Aid £3.00 per rider | |  |  |
|  | TOTAL |  | £ |

**ARE YOU COMPETING A STALLION? YES/NO\* IF YES ENTER REG. No. ……………**

## Entry fees for all classes: **PLEASE SEE SHOW JUMPING SCHEDULE.** No entry will be accepted without the appropriate remittance. Cheques made payable to: **BSJA AREA 43A.**

**PLEASE NOTE: PASSES WILL NOT BE SENT OUT UNLESS AN SAE (C5) IS ENCLOSED WITH ENTRIES**

## **I agree to abide by the rules of the show and to inspect the course for each class that I jump in and agree that I jump at my own risk.**

## **Signed ..............................................**

Please return completed Show Jumping Entry forms to: Mrs. S. Waghorn, Cleveland Farm, Sheepwash Lane, Godshill, Isle of Wight, PO38 3JS.

Tel: 07970 692240 / [waghorn123@btinternet.com](mailto:waghorn123@btinternet.com)