

SIDE SADDLE ASSOCIATION AREA 14 SPRING SHOW

SATURDAY 10TH MAY 2014

CLASS (ES)	RIDER'S NAME	YEAR OF BIRTH(JUNIOR)	HORSES NAME	AGE OF HORSE	MEMBERSHIP NO & AREA (SSA)	ENTRY FEE`
					TOTAL	

Name _____

Address _____

_____ Telephone Number: _____ Email address: _____

I agree to abide by the terms and conditions of entry, and by the rules as stated in the schedule

Signed: _____ Date: _____

PLEASE RETURN ENTRY FORM COMPLETE WITH FULL FEES TO; Emma Harford, Talland School of Equitation, Dairy Farm Ampney Knowle, Glos, GL7 5ED. Cheques payable to Side Saddle Association Area 14.