

SSA AREA 14 SHOW ENTRY FORM

Date : _____

CLASS (ES)	RIDER'S NAME	YEAR OF BIRTH(JUNIOR)	HORSES NAME (CHOICE 1 for Talland horses)	HORSE NAME (CHOICE 2 for Talland horses)	ENTRY FEE`

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 TALLAND.