Side Saddle Association Area 14 Spring Show SATURDAY 6th MAY 2016

CLASS (ES)	RIDER'S NAME	YEAR OF BIRTH(JUNIORS)	HORSES NAME	AGE OF HORSE	MEMBERSHIP NUMBER & SSA AREA NO	ENTRY FEE
Name						
Address						
		Telephone N	umber:	Email address:		
I agree to abi	ide by the terms and co	onditions of entry, and b	by the rules as stated in tl	he schedule		
Signed:		Date:				
All entries ca	n be sent via email or p	oost, payment by PayPa	I, BACS, cash or cheque ((Cheques payable to `Side Sa	addle Association Area 14`).	
	-					

Email Entries and Enquiries to: secretary@talland.net