

RACEHORSE TO RIDING HORSE
ENTRY FORM



Racehorses to Riding Horses 2010 Show Championship

Horse of the Year Show



IMPORTANT NOTE

Please include an SAE. If an SAE is not included we will be unable to confirm an entry and any telephone calls will not be returned.

Please send your entry form together with stamped addressed envelope and your cheque made payable to: SEIB, Secretary, 5 Magpie Drive, Totton, Southampton SO40 8TE

Closing date for entries is 14 days before each venue date. To guarantee your place book early. Entry fees will be returned if the class is full.

Terms & Conditions

By submitting your personal details you consent to us using this information in the ways described in our Privacy Policy, which includes sending you emails from time to time, telling you about offers, discounts or other information which we think may be of interest to you, about our business partners which we have carefully selected and from ourselves. You can opt out at any time. Our privacy policy can be found at www.ecclesiastical.com/privacypolicy or by writing to us at our registered office address.

As a winner you authorise us to share/use your details with the press for publicity purposes.

Please tick if you do not wish to receive marketing information by email about our business partners

Please tick if you do not wish to receive marketing information by email from members of the Ecclesiastical Group

ONE ENTRY FORM PER HORSE AND PER VENUE

Venue Required Date

PLEASE COMPLETE THE FORM IN BLOCK CAPITALS

OWNER Mr, Mrs, Miss, Ms, other

First Name

Surname

Address

..... Postcode

Telephone Day Telephone Evening

Mobile

Email Occupation

RIDER (If different from owner) Mr, Mrs, Miss, Ms, other

First Name

Surname

Address

..... Postcode

Telephone Day Telephone Evening

Mobile

Email Occupation

HORSE

Name of horse

Passport No. When last ran

When last in training Who was the trainer?

Name of Sire Name of Dam

Mare or Gelding Height

Horse's Age Colour

Broker Ref: (Needed for discounted entry)

Standard Entry Fee £

SEIB Insured Entry Fee £

TOTAL £

I have read, understood and agree to abide by the rules and qualifications.

SIGNED (OWNER) (Parent or Guardian if 16 & under) **PLEASE PRINT NAME (OWNER)**

PLEASE STATE HORSE PERFORMANCE RECORD (IF ANY) ON THE BACK OF THIS ENTRY FORM AND ANY INTERESTING FACTS ABOUT THE HORSE, RIDER OR OWNER. THANK YOU.