

PINKMEAD FARM EQUESTRIAN CENTRE – ENTRY FORM

DATE/TYPE OF EVENT.....

CLASS	NAME OF HORSE	NAME OF RIDER & BHS NO. (If applicable)	NAME OF OWNER	
				SUB TOTAL
				FIRST AID £3.00 PER RIDER (Excl. dressage)
				TOTAL

Address of owner/rider.....

Tel. No..... Email address:.....

PLEASE MAKE CHEQUES PAYABLE TO PINKMEAD FARM

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