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HORSE ENTRY FORM

HANBURY COUNTRYSIDE SHOW 2018

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CLASS No.	NAME OF HORSE B.S. Reg. No.	OWNER BS / SHB (GB)	NAME OF RIDER BS / SHB (GB) & Reg. No.	ENTRY FEE
MEDICAL COVER £2 PER RIDER EXTRA				

NAME:

ADDRESS:

.....

TELEPHONE No.

EMAIL:

How did you hear about the Show?

MEDICAL COVER £2 PER RIDER EXTRA

TOTAL: £ _____

ENTRIES TO: Mrs. M. Evans, Glebe Orchard, Bishops Wood Road, Ombersley, Droitwich, WR9 0LE

Tel. 01905 620066

Cheques made payable to: Hanbury Countryside Show

PLEASE NOTE – ENTRIES MADE ON THE DAY OF THE SHOW WILL INCUR A £1 ADMIN CHARGE