

Scottish

Indoor Horse Driving Trials

ENTRY FORM

Please use block capitals.

Office use only

EVENT LOCATION _____ DATE _____

CLASS ENTERED (please tick one)
Novice Pony Open Pony Multiple
Novice Horse Open Horse Junior

DRIVER'S NAME _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

TICK IF JUNIOR Date of birth (if under 18) _____

MEMBERSHIP I am a member of: SCDA BHDTA BDS IHDT (UK)

If you are NOT a member of one of the above, please give details here:
MEMBER OF _____ HARNESS/DRIVING CLUB
INSURANCE COMPANY _____
POLICY NUMBER _____ EXPIRY DATE _____

Name of Horse or Pony	Breed	Age	Sex	Height
Carriage details:				
Please add any further information that could be used by the commentator at this or subsequent events.				

I agree to abide by the rules governing this competition. I have read and understand the Health & Safety statement and accept the Disclaimer of Liability.

I enclose the entry fee of £ _____

Signed _____ Date _____

If a JUNIOR, to be countersigned by a parent/guardian _____

THIS FORM, TOGETHER WITH THE ENTRY FEE, MUST REACH THE EVENT ORGANISER 10 DAYS BEFORE THE EVENT.

No acknowledgment will be sent unless an SAE is enclosed.