

POACHER HARNESS CLUB
DAY MEMBERSHIP APPLICATION FORM 2021

ADDRESS FOR RETURN OF FORM:

CAROL WOOD, MILL HILL, MARSH LANE, NEW HOLLAND, NORTH LINCOLNSHIRE, DN19 7PY. TELEPHONE 01469 533824

I WISH TO APPLY TO BECOME A **DAY MEMBER** OF THE "POACHER HARNESS CLUB". I UNDERSTAND THAT IT WILL BE NECESSARY TO HAVE THIRD PARTY LIABILITY INSURANCE AND PROOF OF CURRENT VACCINATION AGAINST EQUINE INFLUENZA FOR ALL MY ANIMALS THAT I WILL DRIVE IN CLUB EVENTS THIS SEASON AND THAT I MAY BE ASKED TO PRODUCE THESE AT ANY EVENT THAT I ATTEND.

NAME

ADDRESS:

TELEPHONE NUMBER:

EMAIL (IMPORTANT IN CASE OF CANCELLATION)

I AM/AM NOT A MEMBER OF BC (PLEASE QUOTE MEMBERSHIP NUMBER).....

NAME & ADDRESS OF GROOM:

DAY MEMBERSHIP £15 PER EVENT PLUS ENTRY FEE FOR EVENT

DETAILS OF EVENT BEING ENTERED:

DATE:..... VENUE:

TYPE OF EVENT:

I UNDERSTAND BY THAT BY SIGNING BELOW, I AM CONFIRMING THAT I HAVE CORRECT INSURANCE AND EQUINE FLU VACCINATION COVER FOR THE PERIOD OF MY 2021 MEMBERSHIP AND THAT I WILL BE WILLING TO PRODUCE SUPPORTING DOCUMENTATION.

I HEREBY AGREE TO ABIDE BY PHC RULES OF COMPETITION AND BY THE PHC CONSTITUTION (2020)

Signature..... Date

PLEASE COMPLETE SECOND PAGE OF THIS FORM.

NB: SUBJECT TO PREVIOUS DRIVING EXPERIENCE, AND IN ORDER TO COMPLY WITH BC (FORMERLY BHDTA) TERMS OF INSURANCE, IT WILL BE NECESSARY FOR A YOU TO BE ASSESSED BY A PHC SAFETY ASSESSOR, PRIOR TO YOUR FIRST COMPETITION WITH PHC UNLESS YOU ARE CURRENTLY OR HAVE RECENTLY BEEN A FULL DRIVING MEMBER OF ANOTHER BC AFFILIATED CLUB OR HOLD A LHHI QUALIFICATION.

DESCRIPTION OF TURNOUT:

BRIEF SYNOPSIS OF PREVIOUS DRIVING EXPERIENCE.

HORSE/PONY DETAILS:

NAME:

SEX:

SIZE:

PASSPORT NUMBER:

INCLUDE PHOTO COPIES OF VACCINATIONS & PASSPORT (RELEVANT PAGES SHOWING NAME & DESCRIPTION ETC)

NOTE: YOUR ENTRY WILL NOT BE CONSIDERED WITHOUT THIS DOCUMENTATION.