

ENTRY FORM

EVENT ENTERED: NORTON DISNEY ODE

DATE: 28TH JULY 2024

ENTRY FEES:

POACHER HARNESS CLUB MEMBERS: £38.00

OTHER BC AFFILIATED CLUB MEMBER: £43.00

FULL MEMBER OF BC: £43.00

NON-MEMBERS: £53.00

NB: IF YOU ARE NOT KNOWN TO THE CLUB AND DO NOT HAVE A VALID ASSESSMENT FORM OR LETTER, YOU WILL BE REQUIRED TO HAVE AN ASSESSMENT CARRIED OUT BY A QUALIFIED ASSESSOR PRIOR TO COMPETING AT ONE OF OUR EVENTS. IN THE FIRST INSTANCE, PLEASE CONTACT CAROL WOOD, TEL No: 07967 191653.

CHEQUE PAYABLE TO **POACHER HARNESS CLUB** OR PAYMENT BY BACS TO **POACHER HARNESS CLUB, S/C 40-32-05, A/C No: 11372629. ENTRIES CLOSE 14TH JULY 2024. LATE ENTRIES £5.00 EXTRA.**

RETURN COMPLETED ENTRY FORM TO CAROL WOOD, MILL HILL, MARSH LANE, NEW HOLLAND, N. Lincs DN19 7PY OR EMAIL TO CAROLWOOD592@BTINTERNET.COM. CAROL WILL EMAIL YOU WITH YOUR TIMES ON THE THURSDAY BEFORE THE EVENT.

PLEASE NOTE THAT BY ENTERING YOU ARE AGREEING TO ASSIST WITH EITHER THE PUTTING UP OR TAKING DOWN OF THE COURSE.

| | | | | |
|---|----------------------------------|-------------------------|-----------------------------------|--|
| Class Entered | ODE / NON-STRESSAGE / VSE | | NOVICE/ INTERMEDIATE/ OPEN | |
| :BC No and / or Club Name (Non PHC Members) | | | | |
| Driver Name: | | | | |
| Address: | | | | |
| Telephone No: | | Email: | | |
| Groom Name | | | Age (if Under 18): | |
| Single Horse/Pony: | | Multiples (State type): | | |
| Name of Equine: | | | Height: | |

I agree to any photographs taken at this event being used in club publicity material. **Yes/No**

Cheque enclosed for £.....

OR

Payment of £

made by BACS to Poacher Harness Club

Reference Quoted:

I confirm that I understand that neither the organising committee, nor the PHC, nor landowners nor any agent, official representative or employee of these bodies, accept any liability for any accident, loss, damage, illness or injury to pony, horse, spectator or any person / animal or property. I also guarantee that my horse has an up-to-date Flu vac entry in his passport and that I am insured to take part in Driving Trials Activities. I understand that I may be asked to produce these on request at any future PHC event.

PLEASE REMEMBER THAT IT IS AGAINST THE LAW TO TRAVEL ANY EQUINE WITHOUT A PASSPORT BEING PRESENT.

I agree to abide by PHC Health & Safety Competition Rules.

Signed.....Dated.....