****

**NAME OF EVENT**

**DATE OF EVENT**

**\* I acknowledge I am participating in a ‘risk sport’ entering this competition \***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Horse/Pony Name/Age** | **Owners Name** | **Riders Name** | **Class Number Entering** | **Total Amount** |
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|  |  |  |  |  |

Name: Email:

Address:

Stabling: £ Land line/Mobile: TOTAL: £

**Declaration: I agree to abide by the rules of HIGHFIELD EQUESTRIAN @HOWE** Signed: Date

**\* Payment is required on booking, refunds will be available (with handling fees deducted) for any cancellations made prior to times being published.  Once times are published refunds will only be given if the places can be filled.  Any deviations from this will be at the Centre’s discretion.**