BSJA SHOW JUMPING ENTRY FORM

No	Horse/ Pony Name	BSJA Reg No.	Owners Name	Owners BSJA No.	Riders Name	Riders BSJA No.	Fees

Name: _____

Address: _____

_____

Tel: _____ Mobile: _____

Email: _____

Postal Entries to: The Show Secretary.

I agree to abide by the Rules of this Competition

Signature: _____

Please ensure you read the Centres Show Rules and Health & Safety Regulations before entering this show. Your signature on the Entry Form deems acceptance of these rules.
Note: This is not an official entry form.
Some Events may require an official entry form – it is your responsibility to check.

Total Fees	
Stabling	
First Aid & Official Expenses	
Total Due	

Your Event has been promoted free of charge by Equine Affairs: www.equineaffairs.com
Tel: 0871 2303649