



AREA EVENTING 2017

ENTRY FORM 'B'

To be received by the Secretary of The Area 15 Eventing, at least seven days before the date of the Competition. Late Entries are accepted at the discretion of the Organiser (See Rule Book)

The _____ Branch/Centre

RIDER (First Name & Surname (Initials are not sufficient))	Age On 1 st January 2017	HORSE/PONY (include BE Reg.No. & Grade, if applicable)	Ht	OWNER (The name of a sponsor may not appear)
Team A				
1.				
2.				
3.				
4.				
Team B				
1.				
2.				
3.				
4.				
Individuals				
1.				
2.				

I HEREBY CERTIFY THAT (a) All riders are eligible under Rule 32
(b) All horses are eligible under Rule 7 & 32

I shall be present at the Area Event /OR I nominate _____ as my representative.

Name and Address to which future correspondence should be sent: (BLOCK CAPITALS PLEASE)

Post Code: _____ Phone: _____ Email: _____

Signed: _____ *District Commissioner*