ENTRY FORM

ONE AND TWO DAY EVENTS AND ALL PASS ENTRIES

(Any references to horse means horse/pony for the purpose of this form)

Events		EV	ENT DETA	AILS			
Event:							
Date:		Day on	which you	can compete ir	ı Class:		
Class (Circ							
				BE100Open			
BE100U18		ON	IN	ONU18	INT		
OI	Al	Α	2DE	4YO	5YO		
Special/Ot	her Class: (eg. Sponsored	d Series, Po	ny Club, Nation	al Schools classes)		
Special Re	quests:						
If you can	do day befo	ore dressage p	olease tick		нс		
Special Pri	zes: (See so	chedule)					
		НО	RSE DETA	AILS			
BE Equine Reg. No. Horse Day Pass No.							
Horse:							
Colour		Sex: (Circle	e) DING STALLI	Height	Age Points		
		PIARE GELL	SINC STALL				
Sire:							
Dam:							
Owner:							
Owners BE	E Memb No:			Expiry D	ate:		
		RIE	DER DETA	AILS			
Associate	Reg/BE Me	mb No:		Expiry [Date:		
Rider Day Pass No.							
Rider Name:							
D.O.B (If u	nder 21)		Nati	onality:			
				<u> </u>			
Address:							
			Post	code			
Telephone	:		Mob	ile:			
E-mail:							
					he rider above please		
give detail	s on reverse	together wit					
Name:		- EMERG	ENCY CO Tel/N	NTACTS 1obile:			
Name:			Tel/N	1obile:			
A :		4 - 4b	12 1/52	No.]		
-		ne to the ever	it? YES	NO	J		
Horse Box	Description	1					
Horse Box	Registratio						
User			STABLING	3			
наve you b	ooked? YE	S NC	' <u> </u>				
Stabling Fo	orm sent in		d Privately				
I have read	l and agree		CLARATI the rules ar		for the class entered		
I have read and agree to abide with the rules and qualifications for the class entered, in accordance with BE Rules.							
				reverse of this	form		
	, me Data F	Protection Act					
Signed			Date				



WRITE YOUR BALLOT NUMBER HERE OR AFFIX YOUR BALLOT LABEL (fully registered horses only)

 $\ensuremath{\mathsf{NOTE}}.$ Failure to complete ALL sections on BOTH SIDES of this form may result in your entry being rejected.

PASS ENTRY (PLEASE TICK RELEVANT BOX)

YES

Z

CHEQ	UE DETAILS	s - MUS	Г ВЕ СОМЕ	PLETED		
Bank:				FOR OFFICI	AL USE	
Amount:						
A/c Name:						
	int		_			
Tick if you want a VAT receipt In the event of over-subscription do you wish to be Wait Listed? YES						
In the event or over-su				sted?	YES	
If you have no see the co		OF PREF	ERENCE		aka al-liak	
If you have more than one horse entered indicate below your preferred order of acceptance if event is oversubscribed: BALLOT		CLASS		hey are accep preferred orc		
1st		1st				
2nd		2nd				
3rd			3rd			
4th			4th			
5th			5th			
Multiple entri	es must be ser	nt in toge	ther or at lea	ist listed abov	re	
FOR OFFICIAL USE						
No:		DR	:			
Class:		SJ:				
Section:	Section: XC (J):					
		XC	(T):			
TOTAL:						
COMMENTATOR I	NFORMATION	ON (PLEA	SE COMPLETE	IN BLOCK CAPI	TALS)	
Horse:						
Colour	Sex: (Circle)		Height	Age	Points	
	MARE GELDING	STALLION	I			
Rider: (Inc Forename)						
Nationality: XC Colours						
Owner Information:					_	
Sponsor information:						
Rider information:						
. ago: anomidion.						
Horse: (Breeder/Sire/Dam etc)						

ENTRY FORM

BALLOTING (See Rule Book)

If this is a Special Entry and is balloted out, the box on the right must be completed by the Event concerned so that this entry form can be used as a Super Special Entry.

If however the entry is not accepted for a different reason, this should be indicated in the appropriate box below.



FOR OFFICIA	L USE					
EVENT:						
Signature	Date					
RETURNED ENTRY						
You have	ve been balloted (See instruction page)					
	<u> </u>					
Your en	try arrived late					
	e irregularity, Event please circle:					
Wrong	Payee / Wrong Amount / Unsigned					
Your en	atry form was incomplete					
CC	DMMUNICATIONS TO (If not rider overleaf)					
Name: (Mr, Mrs, M						
Address:						
Postcode						
	REFUNDS TO					
Payee: (Mr, Mrs, N	diss, Title)					
Address:						
	Postcode					
	Postcode DATA PROTECTION ACT 1998					
to process your e the employees of organiser's detail: Magazine and on displayed on the organiser's websi used by this even occurring whilst y your condition wi Any Medical Repo	DATA PROTECTION ACT 1998 you have provided on this form will be used by the event organiser entry and will be disclosed to British Eventing, its employees and it the organiser, in order to process your competition records. The sare listed in the Event Schedule published in the British Eventing the British Eventing website. Your competition records will be British Eventing website and may be displayed on the event te, and any site owned by the provider of an Online Entries system at. Should you receive an injury as the direct result of an accident you are participating in this event, any medical reports relating to ill be passed directly to British Eventing by the medical officer. orts passed to British Eventing will be held on your membership osed in confidence to the Transport Research Lab for the purposes					
to process your e the employees of organiser's detail: Magazine and on displayed on the organiser's websi used by this even occurring whilst y your condition wi Any Medical Reportecords and discl. of safety analysis	DATA PROTECTION ACT 1998 you have provided on this form will be used by the event organiser entry and will be disclosed to British Eventing, its employees and it the organiser, in order to process your competition records. The sare listed in the Event Schedule published in the British Eventing the British Eventing website. Your competition records will be British Eventing website and may be displayed on the event te, and any site owned by the provider of an Online Entries system at. Should you receive an injury as the direct result of an accident you are participating in this event, any medical reports relating to ill be passed directly to British Eventing by the medical officer. orts passed to British Eventing will be held on your membership osed in confidence to the Transport Research Lab for the purposes					