



**ENTRY FORM**

(entries on the day – space permitting - £2 extra per class)

Name: .....

Address: .....

.....

Tel no: ..... e:mail: .....

Class:                      Pony:                      Rider:                      Fee:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Medical cover per rider (compulsory)..... £ 2 . 0 0

TOTAL..... £.....

I AGREE TO ABIDE BY THE OBHPC ENTRY RULES AND REGULATIONS.

Signature:.....

(parent or guardian if under 18)

**Please return form and cheque payable to OBHPC to:  
Mrs S Gray, Haremoor House, Faringdon, Oxon SN7 8PN. 01367 242537**

