THE PONY CLUB SHOW JUMPING 2017

**AREA 5 QUALIFIER TO BE HELD ON Saturday 24th June at Hadley Moss Farm, Little Budworth**

**ENTRY FORM To be sent to Liz Boothroyd, The Gables, Ffordd y Blaenau, Treuddyn, Mold, Flintshire CH7 4NS. E mail-** [**d.boothroyd@which.net**](mailto:d.boothroyd@which.net)**, tel 07778 930946.**

**Cheques payable to Cheshire Hunt South Branch of the Pony Club.**

**All classes - £20 per competitor,**

To be received no later than Saturday June 17th

**THE BRANCH OF THE PONY CLUB OR PONY CLUB CENTRE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CLASS** | **COMPETITOR**  (in order of running)  (Christian Name & Surname) | **DoB &**  **Age on 1.1.17** | **DC’s spur permission**  **(tick)** | **HORSE/PONY** | **Ht.** | **OWNER**  (the name of a sponsor may not appear) |
|  | Branch Team (A) | | | | | |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
|  | Branch Team (B) | | | | | |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
|  | Branch Team (C)/Individuals (Indicate which) | | | | | |
| 1. |  |  |  |  |  |
|  | 2. |  |  |  |  |  |
|  | 3. |  |  |  |  |  |
|  | 4. |  |  |  |  |  |

**I HEREBY CERTIFY THAT** all Riders and Horses are eligible under Pony Club Show Jumping Rules 2017.

**I shall be present** at the Area Show Jumping [ ] / **OR** **I nominate** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as my representative [ ]

Photographic Rights – competitors and their parents/guardians have given permission for any photographic and/or film or TV footage taken of persons or horses/ponies taking part in Pony Club events to be used and published in any media whatsoever for editorial purposes, press information or advertising by or on behalf of The Pony Club and/or official sponsors of The Pony Club.

Please use as many supplementary sheets as required

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**District Commissioner**

**Contact number & email for branch Show Jumping Manager …………………………………………………………………………………**

**We request that each branch provides 4 adult show jump pole pickers to enter the arena with their branch team during each round – thank you**