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| --- | --- | --- | --- | --- | --- | --- |
| Class  No \* | Name of Steed | BS number | Owner | Rider | Rider’s BS number | Entry Fee |
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|  |  |  | Add return postage costs – no need to send an envelope | | | £1.00 |
| For Classes 4,5 & 6 please specify which section you are entering | | | Add Contribution to Paramedic Cover | | | £1.00 |
| **Data Protection Act**: Completion of an entry form implies your agreement that we may use your name or photograph and that of your exhibits in any result list and send you next year’s schedule. If you do not wish your details to be used in this way, please contact the Horse Secretary – Clair Sheppard on 07763 643 638 or email: horses@halifaxshow.org.uk | | | | | TOTAL ENTRY FEES |  |

Please make cheques payable to “Halifax Agricultural Society Ltd” and post with entry form to: Clair Sheppard, 47 Towngate, Sowerby, Halifax HX6 1HS. No need to send SAE

**Alternatively** email this form to horse@halifaxshow.uk and make an online bank payment to:

Account Name: Halifax Agricultural Society Ltd

Bank Name: NatWest

Bank Sort Code 60 09 27

Bank Account Number: 83804900 Reference - Surname of Exhibitor followed by the word Horse and we will send you email confirmation of receipt.

I acknowledge that I am taking part in a risk sport and that I am a competent rider/handler at the level of competition I am entering. I agree to abide by the rules and conditions (see website) of the society. I have Public Liability Insurance and a valid equine passport.

Name to whom entry details will be sent (Block Capitals) …………………………………………………………………………………………………………………………………………………………….

Address ……………………………………………………………………………………………………………………………………………………………………………………….Post Code ………………………………

Telephone ………………………………………………………………………………………… Email ………………………………………………………………………………………………………………………………

Signed ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….