

Colraine Equestrian Centre Jumping Entry Form

Date of Competition.....Name.....

Phone.....E-mail.....

| CLASS NO(S) + SECTION (if appropriate) | COLRAINE COMPUTER NO (if known) | NAME OF HORSE/PONY | BRITISH SHOWJUMPING REG NO (if applicable) | NAME OF RIDER | BRITISH SHOWJUMPING REG NO (if applicable) | OWNER | ENTRY FEE £ |
|--|---------------------------------|--------------------|--|---------------|--|-------|-------------|
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| TOTAL £ |
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IF ENTERING AFFILIATED JOINT CLASSES REMEMBER TO ADD SECTION (ie D/N/F/O).

PLEASE FORWARD TO: COLRAINE EC, CALLESTICK, TRURO. TR4 9LN or info@colraine.co.uk