**EDRC CLINIC ENTRY FORM**

Please complete in block capitals.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Clinic | Clinic Date: | | Membership No: | |
| Full Name: (Mr, Mrs, Miss, Ms) | | | Contact Number: | |
| Full Address: | | | | |
| Email Address: | | | Age if Under 18: | |
| Emergency contact name and phone number: | | | | |
| Horse Name: | Age: | Gender: | Breed: | Height: |
| Experience/Height Preferred if jumping: | | | | |
| Method of Payment: Cost of Clinic: £\_\_\_\_\_\_\_  BACS ONLY payments until further notice please!  Bacs – Bacs details – Sort code: 40-46-37, Account Number: 51496581  **Paying by Bacs, please use the clinic date as your reference.** | | | | |
| Other comments / Time preferences | | | | |
| Please tick this box if you do not wish your name to appear on the times published on our Facebook page. | | | | |
| **I have read the terms and conditions overleaf and I agree to abide by them.** | | | | |
| Signed by: (Self/Parent/Guardian): | | | Relation to rider (if applicable): | |

Please send your entry form via email to: [eastdorsetridingclub@gmail.com](mailto:eastdorsetridingclub@gmail.com)

You must send your BACS payment at the same time.