**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

You must send your BACS payment at the same time.