



Wattisfield and District Riding Club

Flatwork Clinic's 2019

Riders Name:	Address:
Horses Name:	
Mobile Number:	
Email Address:	

Please select the clinic(s) you wish to enter: (Please Tick)		
<input type="radio"/> Jess Clarke 13th January <input type="radio"/> Private <input type="radio"/> Shared	<input type="radio"/> Jess Clarke 10 th February <input type="radio"/> Private <input type="radio"/> Shared	<input type="radio"/> Jess Clarke 21st April <input type="radio"/> Private <input type="radio"/> Shared
<input type="radio"/> Ruth Hurst 27 th January <input type="radio"/> Private <input type="radio"/> Shared	<input type="radio"/> Ruth Hurst 24 th February <input type="radio"/> Private <input type="radio"/> Shared	<input type="radio"/> Jess Clarke 19th May <input type="radio"/> Private <input type="radio"/> Shared
	<input type="radio"/> Jess Clarke 10th March <input type="radio"/> Private <input type="radio"/> Shared	

**Total Fee to Pay: Ruth Hurst Clinic – WDRC/Area 14 Members - £40 Private or £25 Shared
Non-Member - £45 Private or £30 Shared**

**Jess Clarke Clinic – WDRC/Area 14 Members - £30 Private or £22.50 Shared
Non-Member - £35 Private or £27.50 Shared**

**Please make Cheques payable to – Wattisfield and District Riding Club
Or BACs Payment 20-16-12 33668959**

Please send payment and this completed entry form by the Wednesday before the clinic, to:

Joe Sharpe at Jacelyn, Quaker Lane, Bardwell, Bury St Edmunds IP31 1AL or via email joesharpe1@me.com

N.B. Non-Members need to ensure they have their own third party public liability cover.

I enclose a cheque/submitted a BACs payment of £_____ for a place in the above Clinic. By signing this entry form, I (or as a parent of a junior) understand that I'm taking part in this event at own personal risk. I understand that Wattisfield and District Riding Club and the venue owners cannot be held responsible for any accident, damage, loss or injury to any animal, human, vehicle or property whatsoever.

Signature: _____

Date: _____