



Wattisfield and District Riding Club
Rachel Tween Pole & Gridwork Clinic
Saturday 5th September & 10th October
Thistle Farm, Four Ashes, Badwell Ash
IP31 3DP

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|--|---|
| Riders Name: | Address: |
| Horses Name: | |
| Mobile Number: | |
| Email Address: | |
| Date of clinic you wish to attend: | |
| <input type="radio"/> Saturday 5 th September | <input type="radio"/> Saturday 10 th October |

Pole Work Clinic

| | | |
|--|------------------------------|----------------------------------|
| Please select the horse/rider combination' competition level: (Please Tick) | | |
| <input type="radio"/> Intro/Prelim | <input type="radio"/> Novice | <input type="radio"/> Elementary |
| Horse's Height: | | |

Gridwork Clinic

| | | |
|--|----------------------------------|--------------------------------|
| Please select the horse/rider combination' competition jumping level: (Please Tick) | | |
| <input type="radio"/> Up to 60cm | <input type="radio"/> Up to 80cm | <input type="radio"/> Up to 1m |
| Horse's Height: | | |

Total Fee to Pay: WDRC Members - £22, BRC Member - £28
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:

Rachel Tween, 17 Wordsworth Road, Stowmarket IP14 1TT

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: _____