RIDER ENTRY FORM

WILLIAM FOX-PITT CLINIC 25-26 FEBRUARY 2017

AT WOOD LANE STABLES, HINTON ST MARY, DT10 1NB

RIDER:						
ADDRESS:						
COLDITY		r	OGTGODE			
COUNTY:	POSTCODE:					
PHONE:	EMAIL:					
HORSE NAME:						
HORSE LEVEL:						
NAME OF GROOM (ON	IE PER ENTRY):					
EMERGENCY CONTAC	CT:					
PHONE:						
STABLING - LIMITED A	AVAILABILITY UPON F	REQUEST:		Y	ES / NO	
SESSION DAYS: (v as required)	SATURDAY			SUNDAY		
RIDERS LUNCH: (v as required)	SATURDAY			SUNDAY		
CLASS: 80/90 (v as required)		100/NOV			INT/ADV	
RIDER FEE (1 day)	£75		£			
RIDER FEE (2 days)	£135		£			
LUNCH (1 day)	£20		£			
LUNCH (2 days)	£40		£		-	
	TOTAL AMO	OUNT DUE	£		-	
WE WILL CONTACT	Γ YOU BETWEEN 8-10 FEBF	RUARY TO CO	NFIRM YOUR	PLACE AND	TO TAKE PAYM	IENT

PLEASE POST OR EMAIL ENTRY FORM TO:
WOOD LANE STABLES, WOOD LANE, HINTON ST MARY, DORSET, DT10 1NB
CLINICS@FOXPITTEVENTING.CO.UK