Competition Date: _____

Class	Horse's Name	Riders Name	Fee
		Total:	

Send completed entry form by 6.00pm of the Monday before the event to:

Corriemulzie, Netherfield, Battle, East Sussex, TN33 9PY

Please make cheques payable to: **St Michaels Hospice Riding Club**

Name: _____

Address _____

_____

_____

Postcode _____ Tel No: _____

Membership No _____ (if applicable)

Signature: _____