



EDRC CLINIC ENTRY FORM

Please complete in block capitals.

Clinic Name:		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: £ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque – Please make cheques payable to East Dorset Riding Club <input type="checkbox"/> Bacs – Bacs details – Sort code: 40-46-37, Account Number: 51496581 <u>If paying by Bacs, please use the clinic date as your reference.</u>					
Other comments / Time preferences					
<input type="checkbox"/> Please tick this box if you do not wish your name to appear on the times published on our Facebook page.					
<input type="checkbox"/> 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 completed entry forms and payment to:

EDRC
Laurel Lodge
Holt Wood
Wimborne
BH21 7DT

Alternatively, you can send your entry form via email to: eastdorsetridingclub@gmail.com