

Show Jumping Competition Entry Form

*Aspley Guise & District
Riding Club*



Competition date _____ Membership no _____ Senior _____ Junior _____

Name _____ Phone _____

Address _____

_____ email _____

Class	Horse	Rider	Fee
		First Aid cover Per rider £2	
		TOTAL:	

Please check you have entered correct classes/sections, and make cheque payable to AG&DRC.
Please send to, Miss R Mackie, 30 Mill Lane, Greenfield, Beds. MK45 5DF

Show Jumping Competition Entry Form

*Aspley Guise & District
Riding Club*



Competition date _____ Membership no _____ Senior _____ Junior _____

Name _____ Phone _____

Address _____

_____ email _____

Class	Horse	Rider	Fee
		First Aid cover Per rider £2	
		TOTAL:	

Please check you have entered correct classes/sections, and make cheque payable to AG&DRC.
Please send to, Miss R Mackie, 30 Mill Lane, Greenfield, Beds. MK45 5DF