EQUIFEST BSJA SHOW JUMPING – 19 - 22 AUGUST 2010

ENTRY FORM SHOW JUMPING - FOR ONE EXHIBITOR ONLY

PLEASE WRITE CLEARLY IN BLOCK LETTERS

OFFICE USE ONLY	
Form Number	
Amount Received	

Exhibitor's Name: Mr/Mrs/Miss ……Address……..……..……..

…….....……Post Code……...….

Telephone……. Fax……. Mobile……. Email…….....……

FOR OFFICE USE ONLY	CLASSES	NAME OF HORSE/PONY	HORSE/PONY REG NO & EXPIRY DATE	FULL NAME OF OWNER (Please state whether MR/MRS/MISS)	FULL NAME OF RIDER (Please state whether MR/MRS/MISS)
			No……		
			Expiry…….....	BS No:	BS No:
			No……		
			Expiry…….....	BS No:	BS No:
			No……		
			Expiry…….....	BS No:	BS No:
			No……		
			Expiry…….....	BS No:	BS No:
			No……		
			Expiry…….....	BS No:	BS No:
			No……		
			Expiry…….....	BS No:	BS No:

CREDITCARD/DEBIT CARD DETAILS:

Card No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Type: Visa ☐ Mastercard ☐ Debit ☐ Switch ☐ Other (please name).....**

Name on Card..... Exp date:.....Valid from:.....Issue Number:.....3 Digit Security Number:.....

Insurance - It is the responsibility of the exhibitor to insure all property and livestock on the Showground or elsewhere which is his own, or for which he is responsible. The Society requires exhibitors to effect Employers Liability insurance where this is required by statute. The Society also requires exhibitors to effect Public Liability and Products Liability.

Conditions - I agree to comply with and be bound by the Articles of Association, Bye-laws and Regulations of the East of England Agricultural Society, the code of Practice for Safety and Accident Prevention and the special conditions relating to the Livestock Sections. Copies of the Articles of Association, Bye-Laws and regulations are available on request to the Chief Executive Officer of the Society.

I declare that the animal(s) above are free from clinical signs of disease. I further declare that I will take all due precautions to prevent such animal(s) as described from being exposed to infectious or contagious disease prior to the show, and I undertake the sole responsibility for any consequences that may arise should intervention become necessary under any Regulations imposed by DEFRA and/or Local Authority with subsequent Orders etc. I have read, understood and adhered to the common code of practice for Equine Viral Arteritis as published by the Horserace Betting Levy Board

Exhibitors signature……..... Date……..... Entries close **WEDNESDAY 4 AUGUST 2010.**

East of England Agricultural Society, East of England Showground, Peterborough, PE2 6XE, Tel: 01733 234451 Fax: 01733 370038
Email: nwatson@eastofengland.org.uk

WOULD EXHIBITORS PLEASE COMPLETE THIS SECTION

Please note that all fees include VAT
VAT Registration No: 576 6533 04

1. Entry Fees

……. Entries at £10.00 £……...……

……. Entries at £12.00 £……...……

……. Entries at £15.00 £……...……

……. Entries at £20.00 £……...……

……. Entries at £25.00 £……...……

……. Entries at £30.00 £……...……

……. Entries at £35.00 £……...……

……. Entries at £40.00 £……...……

……. Entries at £50.00 £……...……

……. Entries at £65.00 £……...……

Stables are strictly limited
See over for booking form

2. Mandatory Contribution for Medical Cover + £6.00 .....

Entry Fees £.....

Stable Fees £……...……

Hook-up/Sundries £.....

TOTAL CHARGES DUE £.....

Please make cheques payable to:
East of England Agricultural Society

PLEASE MAKE PRIZE MONEY CHEQUES PAYABLE TO: -

East of England Agricultural Society
Registered Charity No. 283564