



# Wiltshire Show Saturday 30<sup>th</sup> March 2019

**Venue:** West Wiltshire Equestrian Centre, Melksham Road, Holt, Wiltshire, BA14 6QT  
**Show Secretary:** Vincent Seddon, Moor Farm, Minety, Wiltshire, SN16 9QP  
**Tel:** (01666) 861379 **Mob:** 07873805674 **Email:** secretary@wiltshireshow.co.uk  
**Web:** www.wiltshireshow.co.uk



## Exhibitor Details:

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Class Number	Horses Registered Name	Age & Height	Sex M/G/S	Colour	Horses Society Reg Number	Rider Name / Society Reg Number	Owner Name / Society Reg Number	Rider Age	Class Fee

\*I HEREBY ACKNOWLEDGE that, before making these entries, I have carefully read the Rules and Regulations contained within the rule book of the relevant society that my classes are affiliated to and that I make these entries in accordance with them and the rules of the Wiltshire Show. I agree in all respects to comply with and be bound by these Rules & Regulations. I understand that the organisers of Wiltshire Horse Show have no liability to me for any accident, injury, damage, illness, disease or other loss occurring to my property and/or animals and shall only have liability to me for personal injury or death to the extent caused by or contributed to by their negligence. I understand that I shall be responsible to the Organising Team of Wiltshire Horse Show, for losses suffered by them to the extent that it arises from or is contributed to in any way by any act, neglect or omission by me, or by any person for whom, or of any animal for which I am responsible. I confirm I have in place adequate, sufficient third party insurance cover for the participation at Wiltshire Horse Show. I agree to my details being used in conjunction with Wiltshire Horse Show. I am also aware that I must comply with any additional rules or regulations, as enforced by the show hosting the qualifier.

**PLEASE MAKE ANY CHEQUES PAYABLE TO WILTSHIRE SHOW**

**IF YOU WOULD LIKE TO PAY FOR THESE ENTRIES USING YOUR DEBIT OR CREDIT CARD PLEASE TELEPHONE THE SHOW SECRETARY AFTER POSTING YOUR ENTRIES**

<b>Sub Total</b>	
<b>Compulsory First Aid £4.00 Per Rider</b>	
<b>Late Fee</b>	
<b>Total</b>	

**Print Name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(OFFICE) Back Number Allocated:**