

Class	Rider	Horse	M	Fee

Tick M box if VHPRC member.
 See schedule for address to send entries.
 Make cheques payable to VHPRC OR please tick if paid by BACS

Total:

Address:

 Contact Phone No:
 Date of Competition to be entered:
 I agree to be bound by the Show Rules as laid out in the schedule and confirm that my horse's vaccinations are up to date.
 Signed: _____ Date: _____

The information on this form will be destroyed one month after the date of the Championships and will not be stored or shared by / with any other party.

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