

Offas Dyke Riding Club Entry Form

Event Name:

Rider's Name	Horse's Name	Class Number: (Leave Blank is filling for clinic or clear round show)	Member?
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No

Contact Info:

Name:

Phone Number:

Email:

Emergency Contact:

Name:

Phone Number:

Email: