



Lynn Russell Master Class Clinic – 21st May 2011
FOR EXHIBITOR USE ONLY
Please write clearly in BLOCK letters

FOR OFFICE USE ONLY
Form Number:
Amount Received:

Exhibitor's Name: Mr/Mrs/Miss Address..... Post Code Telephone..... Fax..... Mobile..... Email.....

Office Use Only	NAME OF HORSE / PONY	YEAR OF BIRTH	BREED	COLOUR	SEX (S/M/G)	HEIGHT	RIDER / HANDLER

Insurance: It is the responsibility of the exhibitor to insure all property and livestock at the clinic or elsewhere which is his own, or for which he is responsible. Bridgewater Riding Club requires exhibitors to effect Employers Liability insurance where this is required by statute. Exhibitors are required to effect Public Liability and Products Liability.

Conditions - I agree to comply with and be bound by Bridgewater Riding Club Rules, the Code of Practice for Safety and Accident Prevention and the special conditions relating to the Livestock Sections.

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 Clinic, 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

Exhibitors signature: Date:.....

WOULD EXHIBITORS PLEASE COMPLETE THIS SECTION

Please note that we are not VAT registered

- Entry Fees:**
Clinic Fee @ £45 £.....
- Spectator @ £5 £.....**
(2 x Free Included)
- TOTAL: £.....**

**Cheques should be made payable to:
Bridgewater Riding Club**

**If you would like to book a Stable for the day this must be booked through
South View Equestrian Centre**

Bridgewater Riding Club

65 Agecroft Road

Northwich

Cheshire

CW9 7HY

Tel: (01606) 41263

Mob: 07873805674

