ST EDMUNDS RIDING CLUB ENTRY FORM

Show Date: …….

CLASS	HORSE	Height	OWNER	RIDER	SERC MEM?	FEE
				Please add £2 per horse for 1st Aid		
					TOTAL	

CONTACT NAME .....

ADDRESS _____

_____

_____

CONTACT TEL No .....

BREED SOCIETY & REGISTRATION No _____
(if applicable)

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