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**British Riding Clubs**

**NAF Five Star Horse Trials Championships**

**Pre-Entry Form 2020**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLASS** | **TEAM/INDIVIDUAL** | **PRICE** | **QUANTITY** | **SUB TOTAL** |
| (Mixed) HT100+ | Team | **£55.00** |  |  |
| Individual | **£14.00** |  |  |
| (Mixed) Open HT 80 | Individual | **£14.00** |  |  |
| (Mixed) HT100 | Team | **£55.00** |  |  |
| Individual | **£14.00** |  |  |
| Senior HT90 | Team | **£55.00** |  |  |
| Individual | **£14.00** |  |  |
| Senior HT80 | Team | **£55.00** |  |  |
| Individual | **£14.00** |  |  |
| Junior HT90 | Team | **£55.00** |  |  |
| Individual | **£14.00** |  |  |
| Junior HT80 | Team | **£55.00** |  |  |
| Individual | **£14.00** |  |  |
| **Total** | | | |  |

**Personal information that you supply to us may be used in a number of ways to facilitate your riding club membership. Your personal information will be shared with associates for the purpose of fulfilling your full membership benefits i.e. insurance providers.**

**BRC will automatically contact you about your membership: for example, to ensure you receive your membership benefits, to tell you about news, activities and events. This includes sending you a regular magazine, email updates, information on other membership benefits, and publishing competition times and results in the public domain. *To see our full Privacy Policy, or if you need any further information go to:*** [***http://www.bhs.org.uk/privac***](http://www.bhs.org.uk/privac)***y***

**AREA**

**RIDING CLUB**

**CONTACT DETAILS**

Please return this form with correct payment to:

**Payment methods**:

Via the BRC Entries website

Cheque payable to British Riding Clubs

Over the phone on 02476 840518

**BACs payments will no longer be accepted.**

**This form must be received 21 days before the date of the qualifier.**

**I agree (on behalf of the competing member/s) to be bound by the rules of British Riding Clubs. I also understand that in the unfortunate event of cancellation, refunds will be dealt with in accordance with the current Handbook. I have checked that all horses’ flu vaccinations are correct.**

**It is the Team Manager’s responsibility to gain parental consent for juniors to participate at BRC events.**

**By making this booking, I confirm that I have permission to act on behalf of the individuals concerned.**

**Signed**   **Date**

Name

Address

Daytime Contact Number

Email

**Name on cheque & cheque number (This MUST be completed)**

**The details given will be used for future correspondence. Please ensure all fields are completed or your entry may be returned**

**ENTRY DETAILS**