British Riding Clubs Combined Training Qualifier Area Entry Form 2025



# Please use as many forms as required

**AREA11**

**RIDING CLUB**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLASS (Combined Training)** | **DRESSAGE TEST**  **AND HEIGHT** | **RIDER** | **HORSE** | **MEMBERSHIP NO** |
| Novice |  | **1.** |  |  |
| Combined |
|  | **2.** |  |  |
| Training Team |
|  | **3.** |  |  |
| Class N5 (Q) |
|  |  | **4.** |  |  |
| Open |  | **6.** |  |  |
| Combined |
|  | **7.** |  |  |
| Training Team |
| Class O10 (Q) |
|  | **8.** |  |  |
|  |  | **9.** |  |  |
| CT Individual |  |  |  |  |
| CT Individual |  |  |  |  |

Please Provide names of helpers and contact details with this entry form. One helper is required for every Team or for every three individuals entered. Thank You!

Send to : [caroline.exley@talk21.com](mailto:caroline.exley@talk21.com) 4 Parklands, North Holmwood, Dorking, Surrey, RH5 4HQ.

Bank Transfer to Horsham & District Riding Club

A/C No. 00021219 Sort Code 30-94-41 Ref CT-Club Name Entry Fee £30/Individual.

**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 Manger’s responsibility to gain parental consent for juniors to participate at BRC events.

Signed Date