

## THE SHOWING REGISTER AMATEUR SUMMER SHOW

Please Note: ONE FORM PER HORSE. Please write clearly using CAPITAL LETTERS



CATALOGUE NUMBER		*For Organiser use only										
CLASS NUMBER		CLASS			SS NAME			ENTRY F	Y FEE £		CASH/CARD	
~								SOCIETY MEMBERSHIP RELEVANT TO CLASS				
EXHIBITOR	FULL NAME								SOCIETY		NO	
	ADDRESS										POSTCODE	
	PHONE				MOBILE		E		EMAIL			
HORSE	FULL NAME							SOC REG	NO			
	HEIGHT (CM)		SE	X	COLOUR	YEAR OF BIRTH	BREED					
	SIRE				DAM	BREE	DER					
OWNER	FULL NAME							SOCIETY MEMBERSHIP RELEVANT TO CLASS				
								SOCIETY		NO		
	ADDRESS										POSTCODE	
	PHONE				MOBILE			l	EMAIL			
RIDER/HANDLER	FULL NAME							SOCIETY MEMBERSHIP RELEVANT TO CLASS				
								SOCIETY		NO		
	ADDRESS										POSTCODE	
	PHONE				MOBILE				EMAIL			
R	DATE OF BIRTH	IF THE ABOVE RIDER IS UNDER 18 YEARS OF AGE, AS THEIR PARENT/GUARDIAN I HEREBY CONSENT TO THE PROCESSING OF THEIR DATA FOR THE PURPOSE OF THIS ENTI-									JRPOSE OF THIS ENTRY:	

I HEREBY ACKNOWLEDGE that before making these entries I have received and carefully read the General Rules and Regulations contained within the schedule of The Showing Register Amateur Summer Show & Horse of the Year Show Rulebook and that I make these entries in accordance with them. I agree in all respects to comply with and be bound by these Rules & Regulations. I understand that the organisers of The Showing Register Amateur Summer Show have no liability to me for any accident, injury, damage, illness, disease or other loss occurring to my property and/or animals and shall only have liability to me for personal injury or death to the extent caused by or contributed to by their negligence. I understand that I shall be responsible to the Organising Team of The Showing Register Amateur Summer Show, their principals and Grandstand Media Ltd for losses suffered by them to the extent that it arises from or is contributed to in any way by any act, neglect or omission by me or by any person for whom or of any animal for which I am responsible. I confirm I have in place adequate, sufficient third-party insurance cover for the participation at The Showing Register Amateur Summer Show 2023. I agree to my details being used in conjunction with any Horse of the Year Show Qualifiers and The Showing Register Amateur Summer Show. I agree that all data given upon this entry is provided to Grandstand Media Limited and stored on the Grandstand Entries System. For full policy details please visit <u>www.grandstandentries.com</u>.

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