EGB LANCASHIRE GROUP

Pleasure/Social Ride Entry Form 2020

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| **RIDE NAME** |  |  | **Class Entered** |  |
| **DATE(S)** |  | **Distance** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HORSE NAME** |  | **Horse Reg No.(if applic)** |  |
| Breed Society & Number |  | Age |  | Col |  | Ht |  | Sex |  |

|  |  |  |
| --- | --- | --- |
| **RIDER** |  |  **EGB Member Yes / No** |
|  **EGB Memb.No. (if you have one)** |
| **DoB if****Under 18** |
| **RIDER’S ADDRESS If the rider is under 18yo then please provide the Parent / Guardian address, phone no. and email address. An Endurance GB Parental Consent Form must be completed and brought to ride** |
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|  |
| **Postcode** |
| **Email** | **Phone** |
| **Mobile** |
| **DRESS:** A hard hat of PAS 015, BSEN 1384, EN 1384 or ASTM/SEI standard must be worn with the chinstrap securely fastened. If riding footwear without a heel is worn, a suitable caged front to the stirrup must be fitted. Competitors may notride in Wellington Boots. Whips may not exceed 75cm in length. Spurs are not permitted. |
| **ENCLOSE WITH YOUR ENTRY** |
| A LARGE (at least 7”x10”) SAE with sufficient stamps to cover postage of Ride Information | : |
| Ride Entry Fee: **£13 (members)** £19 ( non-members) £20 (late entry) | £ |
|  |  |
| Forestry Commission for any Croal/Loarc Ride – please add £2.00 | £ |
| A crossed cheque, which is not post-dated, payable to **“ENDURANCE GB Lancashire Group”** foroverall total of | £ |
| I understand that, save for death or personal injury caused by negligence, neither the organising committee of the ride, nor Endurance GB, accept any liability for any accident, damage, injury or illness to horses, owners, riders, ground spectators or any other person or property whatsoever. I understand that riding is a risk sport and that I will only compete if I am fit andcompetent to undertake the class I have entered. |
| There may be a photographer in attendance. In order for any prints to be sent directly to you, we will provide your / your child’s name and address to the photographer. Please tick the box if you do not wish to receive prints. |
| **Signature of Rider or Parent / Guardian****(if rider under 18):** | **Date: / /** |