**SCOTTISH GRASS SICKNESS SHOW 2019 ENTRY FORM**

**Name of Exhibitor:**

**Address of Exhibitor:**

**Postcode: Mobile No: Email Address:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Class** | **Name of Horse** | **Sire** | **Dam** | **Height** | **Sex** **G = gelding****M = mare** **S = stallion** | **Age of horse** | **Age of Rider if under 16** **or entering Bus Pass Class** |
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**Is your horse a grass sickness survivor?................................. Total Fee Enclosed:.........................................**

**By filling in this form you are agreeing to abide by the rules and regulations of the show and consent to being sent a schedule for a future show (you can opt out by emailing show).**

**Signature of parent or guardian if competitor under 16 years old:........................................................................................................**

**If pre-entering classes @ £5 each, payment must be included. All sections of form must be filled or they will be returned!**

**Cheques to be made payable to Scottish Grass Sickness Show.**

**Entries to be sent to: Ms J Oudney, Blair View, Blair House Rd, Blairgowrie, Perthshire, PH10 6JP (or pay online up to closing date)**

**Please tick this box if you are happy to be sent a schedule for the show if it runs in the future.**

**CLOSING DATE FOR PRE-ENTRIES RECEIVED IS 26th May 2019. ENTRIES RECEIVED AFTER THIS DATE & ON DAY £10 PER CLASS.**