

CUSHIONBED BRITISH SHOWJUMPING SCOPE FESTIVAL 2010

ENTRY FORM to be completed and sent, with the correct remittance, to Cushionbed British Showjumping Scope Festival 2010, New House Farm, Haslington, Nr. Crewe, Cheshire CW1 5SQ
 NOT LATER THAN THE CLOSING DATE OF ENTRIES August 13th 2010.
 Please complete BOTH sides of entry form.

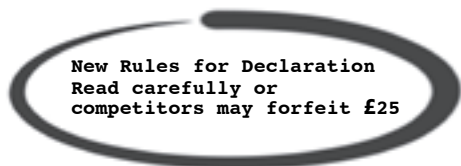
| CLASS NO. | HORSE & BS NUMBER | BS GRADE | PONY HEIGHT | SEX, AGE OF HORSE | OWNER | RIDER & BS NUMBER | ENTRY FEE £ |
|-----------|-------------------|----------|-------------|-------------------|-------|---------------------------|-------------|
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | First Aid @ £12 per rider | |

**BS HORSE NUMBER/S MUST BE GIVEN.
 ENTRIES WILL NOT BE ACCEPTED WITHOUT IT.**

NB: Breeding papers are required for Classes 4, 5, 6 & 7
 Photocopies must be sent with entry.

| | |
|-----------------------|----------|
| Entries Total: | £ |
|-----------------------|----------|

Form continued overleaf



| | | | | |
|-----------------------------|-----|--|-------|--|
| <i>For office use only:</i> | No: | | Name: | |
|-----------------------------|-----|--|-------|--|

CUSHIONBED BRITISH SHOWJUMPING SCOPE FESTIVAL 2010

ENTRY FORM to be returned not later than the CLOSING DATE OF ENTRIES August 13th 2010. Please complete BOTH sides of entry form.

| EXHIBITOR | | | | | |
|--|--|--|-----------|--|--|
| NAME | | | | | |
| ADDRESS | | | | | |
| | | | | | |
| | | | | | |
| | | | POST CODE | | |
| TELEPHONE | | | | | |
| Class 11 & 40 ✓ If you do not wish to be considered for this class | | Class 22 Rider's Date of Birth | | Class 24 Rider's Date of Birth | |
| Class 25 Rider's Date of Birth | | Class 26 Rider's Date of Birth | | Class 41 Rider's Date of Birth | |

| CREDIT/DEBIT CARD PAYMENTS | | | | | | | | | | | |
|---|--|--|-----------|--|-------------|--|--|--|--|--|--|
| If you wish to pay by Credit/Debit Card please complete the details below | | | | | | | | | | | |
| NAME as on card | | | | | | | | | | | |
| CREDIT/DEBIT CARD NO | | | | | | | | | | | |
| START DATE | | | | | EXPIRY DATE | | | | | | |
| SECURITY NO | | | | | ISSUE NO | | | | | | |
| AUTHORISING SIGNATURE | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | POST CODE | | | | | | | | |

| SUMMARY | | |
|---|--------------|-------|
| | NO. REQUIRED | TOTAL |
| Fees brought forward from overleaf | | £ |
| No. of stables (inc. approx 5 bales Cushionbed) required INCLUDED in entry fee | | |
| No. of stables (inc. approx 5 bales Cushionbed) required NOT INCLUDED in entry fee @ £117 per stable. | | £ |
| No. of additional horse box/caravan/ tent or mobile home passes required @ £100. See Rule 14. Registration numbers required, see below. | | £ |
| Credit Card fee (if applicable) | 3% of total | £ |
| Debit Card fee (if applicable) | £1 | £ |
| Cheques payable to Scope (UK) Ltd. TOTAL | | £ |

| | |
|---|----------------------|
| Please make prize money cheques payable to: | <i>One name only</i> |
| Registration number of ALL horse box/es &/or cars/trailers requiring admittance passes. | |
| | |

I HEREBY ACKNOWLEDGE that I have read the General Rules, Regulations and Conditions of the Show and that I make these Entries in accordance therewith.
 I agree in all respect to comply with and be bound by them and not to hold the Show or the organisers responsible for any accident, injury, damage or loss howsoever caused.
 And I further agree to indemnify the show and the organisers against all claims and actions for any loss or damage howsoever caused.
 I confirm that the above horse/s have a current and valid certificate of vaccination against Equine Influenza.

Signed

Reminder:
 Have you completed both sides of the entry form in full?
 Have you read the rules & signed the entry form where indicated?
 Have you enclosed a cheque payable to Scope UK Ltd.

Thank you.