

# PONIES ASSOCIATION (UK) SHOW ENTRY FORM

## NORTHERN WINTER CHAMPIONSHIPS

ALL SECTIONS OF THE ENTRY FORM MUST BE COMPLETED OTHERWISE  
ENTRY FORMS WILL BE RETURNED

PLEASE ENSURE FORMS ARE FULLY COMPLETED AND SENT  
TOGETHER WITH THE CORRECT REMITTANCE TO:

Ponies Association (UK), Chesham House, 56 Green End Road,  
Sawtry, Huntingdon, Cambridgeshire, PE28 5UY  
Tel: 01487 830278 Fax: 01487 832086/01487 832844

CLASS NO.	HORSE/PONY NAME & P (UK) REG. NO.	BREED/BREEDER	BREEDING	COLOUR/SEX/HEIGHT/ YEAR OF BIRTH		RIDER/HANDLER NAME & P (UK) REG NO	QUALIFYING SHOW & DATE	CLASS ENTRY FEE
		Breed	Sire	Colour	Height(cms)			
		Breeder	Dam	Sex	Year of Birth			
		Breed	Sire	Colour	Height(cms)			
		Breeder	Dam	Sex	Year of Birth			
		Breed	Sire	Colour	Height(cms)			
		Breeder	Dam	Sex	Year of Birth			
		Breed	Sire	Colour	Height(cms)			
		Breeder	Dam	Sex	Year of Birth			
<p><b>Please Note:</b> Entries must be accompanied by all fees. <b>FEES ARE NOT REFUNDABLE UNDER ANY CIRCUMSTANCES.</b> Cheques should be made payable to <b>PONIES ASSOCIATION (UK)</b>. Entry/Stabling Forms sent by fax will only be accepted with completed Credit/Debit card details, proof of faxing is NOT proof of receipt. Stable bookings are subject to availability. No nomination or substitution entries are accepted. I testify the exhibits to be the property of the owner and eligible for the classes stated on the form. The Owner/Exhibitor/Producer undertakes to abide by the Regulations and Conditions of the show. By signing this form I agree to having read and understood all the Rules &amp; Regulations of the Show.</p>						<p align="center"><b>MEDICAL/VETERINARY FEE</b> £10.00</p>		
<p><b>SIGNATURE</b>..... <b>DATE</b>.....</p>						<p align="center"><b>GRAND TOTAL</b></p>		

OWNERS ADULT MEMBERSHIP NUMBER \_\_\_\_\_

MR/MRS/MISS/MS/OTHER \_\_\_\_\_ INITIAL \_\_\_\_\_ SURNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_ DAYTIME TEL NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ALTERNATIVE POSTAL ADDRESS \_\_\_\_\_

Please charge my:  Visa  MasterCard  Maestro  Debit  Cheque Total £ \_\_\_\_\_

Card Number: \_\_\_\_\_ Issue No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

FEES ARE NON REFUNDABLE

Card holder Name and Address: \_\_\_\_\_

**FOR OFFICE USE ONLY**