

Entry form: Ashfields Spring Event - Saturday-Sunday, 25-6 April

Driver's name: Groom(s):

Class entered: Dressage test:
(open horse, open pony singles/multiples only)

Pony/horse name(s): 1..... 2.....

3..... 4.....

5..... Marathon colours:.....

Home address:

.....

Postcode: Email:

Telephone (home): Mobile:

This is my first EACDG event: Yes No This is my first event with this turnout/pony/horse: Yes No

My horses/pony/ies is/are vaccinated against equine flu and tetanus: Yes No

I am bringing a competence/driver qualification card: Yes No

I am a member of the EACDG: Yes No

or I am a member of the BHDTA/BHS (membership class & number)

or I have other insurance (please give company name & policy number)

I agree to abide by the rules under which the event is being held and to accept any decisions of the organisers with respect to any appeal or protest that may be referred to them. I also accept on behalf of myself and all persons accompanying me, that neither the EACDG Ltd nor the landowners nor anyone connected with the organisation of the event nor any agent, employee, representative or member of any of them, save in respect of death or personal injury caused by negligence of the organisers or anyone for whom they are in law responsible, accepts any liability for any accident, loss damage, injury, or illness to any horse, owner, driver, groom, passenger, spectator, breach of statutory duty or in any other way whatsoever.

Signed..... (driver) Date.....

If anyone will be travelling on a competing carriage and is under 18 years old, please give their name, date of birth and their parent's or guardian's signature:

Name: Date of birth.....

Parent /guardian signature:

Notes: I am sharing carriage/groom/.....(anything else?) with another competitor.

Name of other competitor (driver):.....

Entry fee: £59 members/£75 non-members £..... (entry fee)

I enclose a cheque/PO payable to **EACDG Ltd** for £..... (total payable)

Send your entries by post to: Mike Watts, Ivy Cottage, Boot Street, Great Bealings, Woodbridge, IP13 6PB
Please enclose a sae for your start times if you wish them sent by post. (It's much easier to enter online!)

Entry form: Ashfields Crinkly Camp 1 - Friday-Sunday, 22-24 May

Driver's name: Groom(s):

Single/pair/tandem/team: Marathon colours:

Pony/horse name(s): 1.....

2..... 3.....

4..... 5.....

Home address:

.....

Email: Postcode:

Telephone (home): Mobile:

This is my first EACDG event: Yes No This is my first event with this turnout/pony/horse: Yes No

My horses/pony/ies is/are vaccinated against equine flu & tetanus: Yes No

I am a member of the EACDG: Yes No

or I am a member of the BHDTA/BHS (membership class & number)

or I have other insurance (please give company name & policy number)

I agree to abide by the rules under which the event is being held and to accept any decisions of the organisers with respect to any appeal or protest that may be referred to them. I also accept on behalf of myself and all persons accompanying me, that neither the EACDG Ltd nor the landowners nor anyone connected with the organisation of the event nor any agent, employee, representative or member of any of them, save in respect of death or personal injury caused by negligence of the organisers or anyone for whom they are in law responsible, accepts any liability for any accident, loss damage, injury, or illness to any horse, owner, driver, groom, passenger, spectator, breach of statutory duty or in any other way whatsoever.

Signed..... (driver) Date.....

If anyone will be travelling on a carriage and is under 18 years old, please give their name, date of birth and their parent's or guardian's signature:

Name: Date of birth.....

Parent /guardian signature:

Notes: I am sharing carriage/groom/.....(anything else?) with another competitor.

Name of other driver:.....

Entry fee: £250 members/£280 non-members £..... (entry fee)

I enclose a cheque/PO payable to **EACDG Ltd** for £..... (total payable)

Send your entries to: Mike Watts, Ivy Cottage, Boot Street, Great Bealings, Woodbridge, IP13 6PB
Please enclose a sae for your start times if you wish them sent by post.

Entry form: Euston Park Event - Saturday-Sunday, 30-31 May

Driver's name: Groom(s):

Class entered: Marathon colours:

Pony/horse name(s): 1.....

2..... 3.....

4..... 5.....

Home address:

.....

Email: Postcode:

Telephone (home): Mobile:

This is my first EACDG event: Yes No This is my first event with this turnout/pony/horse: Yes No

My horses/pony/ies is/are vaccinated against equine flu and tetanus: Yes No

I am bringing a competence/driver qualification card: Yes No

I am a member of the EACDG: Yes No

or I am a member of the BHDTA/BHS (membership class & number)

or I have other insurance (please give company name & policy number)

I agree to abide by the rules under which the event is being held and to accept any decisions of the organisers with respect to any appeal or protest that may be referred to them. I also accept on behalf of myself and all persons accompanying me, that neither the EACDG Ltd nor the landowners nor anyone connected with the organisation of the event nor any agent, employee, representative or member of any of them, save in respect of death or personal injury caused by negligence of the organisers or anyone for whom they are in law responsible, accepts any liability for any accident, loss damage, injury, or illness to any horse, owner, driver, groom, passenger, spectator, breach of statutory duty or in any other way whatsoever.

Signed..... (driver) Date.....

If anyone will be travelling on a competing carriage and is under 18 years old, please give their name, date of birth and their parent's or guardian's signature:

Name: Date of birth.....

Parent /guardian signature:

Notes: I am sharing carriage/groom/.....(anything else?) with another competitor.

Name of other competitor (driver):.....

Entry fee: £59 members/£75 non-members

I enclose a cheque/PO payable to **EACDG Ltd** for £..... (total payable)

Send your entries to: Mike Watts, Ivy Cottage, Boot Street, Great Bealings, Woodbridge, IP13 6PB
Please enclose a sae for your start times if you wish them sent by post.

This event also has National Novice Qualifier classes

Entry form: Sandringham Club Event - Saturday-Sunday 27-28 June

Driver's name: Groom(s):

Class entered: Marathon colours:

Pony/horse name(s): 1.....

2..... 3.....

4..... 5.....

Home address:

.....

Email: Postcode:

Telephone (home): Mobile:

This is my first EACDG event: Yes No This is my first event with this turnout/pony/horse: Yes No

My horses/pony/ies is/are vaccinated against equine flu and tetanus: Yes No

I am bringing a competence/driver qualification card: Yes No

I am a member of the EACDG: Yes No

or I am a member of the BHDTA/BHS (membership class & number)

or I have other insurance (please give company name & policy number)

I agree to abide by the rules under which the event is being held and to accept any decisions of the organisers with respect to any appeal or protest that may be referred to them. I also accept on behalf of myself and all persons accompanying me, that neither the EACDG Ltd nor the landowners nor anyone connected with the organisation of the event nor any agent, employee, representative or member of any of them, save in respect of death or personal injury caused by negligence of the organisers or anyone for whom they are in law responsible, accepts any liability for any accident, loss damage, injury, or illness to any horse, owner, driver, groom, passenger, spectator, breach of statutory duty or in any other way whatsoever.

Signed..... (driver) Date.....

If anyone will be travelling on a competing carriage and is under 18 years old, please give their name, date of birth and their parent's or guardian's signature:

Name: Date of birth.....

Parent /guardian signature:

Notes: I am sharing carriage/groom/.....(anything else?) with another competitor.

Name of other competitor (driver):.....

Entry fee: £75 members/£99 non-members

I enclose a cheque/PO payable to **EACDG Ltd** for £..... (total payable)

Send your entries to: Mike Watts, Ivy Cottage, Boot Street, Great Bealings, Woodbridge, IP13 6PB
Please enclose a sae for your start times if you wish them sent by post.

Entry form: Elveden Estate Training Day – Friday 17 July

Driver's name: Groom(s):

Pony/horse name(s): 1..... 2.....

3..... 4.....

5.....

Home address:

Postcode: Email:

Telephone (home): Mobile:

This is my first EACDG event: Yes No This is my first event with this turnout/pony/horse: Yes No

My horses/pony/ies is/are vaccinated against equine flu & tetanus: Yes No

I am a member of the EACDG: Yes No

or I am a member of the BHDTA/BHS (membership class & number)

or I have other insurance (please give company name & policy number)

I agree to abide by the rules under which the event is being held and to accept any decisions of the organisers with respect to any appeal or protest that may be referred to them. I also accept on behalf of myself and all persons accompanying me, that neither the EACDG Ltd nor the landowners nor anyone connected with the organisation of the event nor any agent, employee, representative or member of any of them, save in respect of death or personal injury caused by negligence of the organisers or anyone for whom they are in law responsible, accepts any liability for any accident, loss damage, injury, or illness to any horse, owner, driver, groom, passenger, spectator, breach of statutory duty or in any other way whatsoever.

Signed..... (driver) Date.....

If anyone will be travelling on a carriage and is under 18 years old, please give their name, date of birth and their parent's or guardian's signature:

Name: Date of birth.....

Parent /guardian signature:

Training: £45 members/£55 non-members per session
Please indicate your preference: Sarah-Jane Cook Andrew Williams Any trainer

I would like sessions at £..... per session

I would like places on the on-foot training (free).

I enclose a cheque/PO payable to **EACDG Ltd** for £..... (total payable)

Send your entries to: Mike Watts, Ivy Cottage, Boot Street, Great Bealings, Woodbridge, IP13 6PB
Please enclose a sae for your start times if you wish them sent by post.

Entry form: Elveden Estate Event - Saturday-Sunday, 18-19 July

Driver's name: Groom(s):

Class entered: Marathon colours:

Pony/horse name(s): 1.....

2..... 3.....

4..... 5.....

Home address:

.....

Email: Postcode:

Telephone (home): Mobile:

This is my first EACDG event: Yes No This is my first event with this turnout/pony/horse: Yes No

My horses/pony/ies is/are vaccinated against equine flu and tetanus: Yes No

I am bringing a competence/driver qualification card: Yes No

I am a member of the EACDG: Yes No

or I am a member of the BHDTA/BHS (membership class & number)

or I have other insurance (please give company name & policy number)

I agree to abide by the rules under which the event is being held and to accept any decisions of the organisers with respect to any appeal or protest that may be referred to them. I also accept on behalf of myself and all persons accompanying me, that neither the EACDG Ltd nor the landowners nor anyone connected with the organisation of the event nor any agent, employee, representative or member of any of them, save in respect of death or personal injury caused by negligence of the organisers or anyone for whom they are in law responsible, accepts any liability for any accident, loss damage, injury, or illness to any horse, owner, driver, groom, passenger, spectator, breach of statutory duty or in any other way whatsoever.

Signed..... (driver) Date.....

If anyone will be travelling on a competing carriage and is under 18 years old, please give their name, date of birth and their parent's or guardian's signature:

Name: Date of birth.....

Parent /guardian signature:

Notes: I am sharing carriage/groom/.....(anything else?) with another competitor.

Name of other competitor (driver):.....

Entry fee: £59 members/£75 non-members

I enclose a cheque/PO payable to **EACDG Ltd** for £..... (total payable)

Send your entries to: Mike Watts, Ivy Cottage, Boot Street, Great Bealings, Woodbridge, IP13 6PB
Please enclose a sae for your start times if you wish them sent by post.

Entry form: Ashfields - Club Championship - Saturday-Sunday, 5-6 September

Driver's name: Groom(s):

Class entered: Marathon colours:

Pony/horse name(s): 1.....

2..... 3.....

4..... 5.....

Home address:

.....

Email: Postcode:

Telephone (home): Mobile:

This is my first EACDG event: Yes No This is my first event with this turnout/pony/horse: Yes No

My horses/pony/ies is/are vaccinated against equine flu and tetanus: Yes No

I am bringing a competence/driver qualification card: Yes No

I am a member of the EACDG: Yes No

or I am a member of the BHDTA/BHS (membership class & number)

or I have other insurance (please give company name & policy number)

I agree to abide by the rules under which the event is being held and to accept any decisions of the organisers with respect to any appeal or protest that may be referred to them. I also accept on behalf of myself and all persons accompanying me, that neither the EACDG Ltd nor the landowners nor anyone connected with the organisation of the event nor any agent, employee, representative or member of any of them, save in respect of death or personal injury caused by negligence of the organisers or anyone for whom they are in law responsible, accepts any liability for any accident, loss damage, injury, or illness to any horse, owner, driver, groom, passenger, spectator, breach of statutory duty or in any other way whatsoever.

Signed..... (driver) Date.....

If anyone will be travelling on a competing carriage and is under 18 years old, please give their name, date of birth and their parent's or guardian's signature:

Name: Date of birth.....

Parent /guardian signature:

Notes: I am sharing carriage/groom/.....(anything else?) with another competitor.

Name of other competitor (driver):.....

I would like meals on Saturday night at £10 each £..... (meals total)

Entry fee: £59 members/£75 non-members £..... (entry fee)

I enclose a cheque/PO payable to **EACDG Ltd** for £..... (total payable)

Send your entries to: Mike Watts, Ivy Cottage, Boot Street, Great Bealings, Woodbridge, IP13 6PB
Please enclose a sae for your start times if you wish them sent by post.

All members and non-members are welcome at the club championship – no extra qualification needed!

Entry form: Elveden Estate Inside Out Event - Sunday, 27 October

Driver's name: Groom(s):

Class entered: Marathon colours:

Pony/horse name(s): 1.....

2..... 3.....

4..... 5.....

Home address:

.....

Email: Postcode:.....

Telephone (home): Mobile:

This is my first EACDG event: Yes No This is my first event with this turnout/pony/horse: Yes No

My horses/pony/ies is/are vaccinated against equine flu and tetanus: Yes No

I am a member of the EACDG: Yes No

or I am a member of the BHDTA/BHS (membership class & number)

or I have other insurance (please give company name & policy number)

I agree to abide by the rules under which the event is being held and to accept any decisions of the organisers with respect to any appeal or protest that may be referred to them. I also accept on behalf of myself and all persons accompanying me, that neither the EACDG Ltd nor the landowners nor anyone connected with the organisation of the event nor any agent, employee, representative or member of any of them, save in respect of death or personal injury caused by negligence of the organisers or anyone for whom they are in law responsible, accepts any liability for any accident, loss damage, injury, or illness to any horse, owner, driver, groom, passenger, spectator, breach of statutory duty or in any other way whatsoever.

Signed..... (driver) Date.....

If anyone will be travelling on a competing carriage and is under 18 years old, please give their name, date of birth and their parent's or guardian's signature:

Name: Date of birth.....

Parent /guardian signature:

Notes: I am sharing carriage/groom/.....(anything else?) with another competitor.

Name of other competitor (driver):.....

Entry fee: £45 members/£59 non-members.

I enclose a cheque/PO payable to **EACDG Ltd** for £..... (total payable)

Send your entries to: Mike Watts, Ivy Cottage, Boot Street, Great Bealings, Woodbridge, IP13 6PB
Please enclose a sae for your start times if you wish them sent by post.