

# Entry form: Elveden Event - Saturday-Sunday, 22-23 May

Driver's name: ..... Groom(s): .....

Class entered: ..... Your dressage test choice: .....  
(open driver singles and horse/pony pairs only)

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

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

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

Home address: .....

.....

Email: ..... Postcode: .....

Telephone (home): ..... Mobile: .....

This is my first EACDG event: Yes  No  If yes, and this is your first BHDTA-affiliated event, send a copy of your BHDTA assessment form (unless you have already done so).

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 would like ..... meals on Saturday night ..... at £10 each = £..... (number of vegetarian meals ..... )

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.