

THE SCOTTISH HORSE SHOW, Highfield Equestrian at Howe Saturday 13th July 2024



Please Note: ONE FORM PER HORSE. Please write clearly using CAPITAL LETTERS

CATALOGUE NUMBER			*For Organiser use only									
CLA	ASS NUMBER		CLASS NAME						ENTRY F	EE	£	CASH/CARD
IORSE EXHIBITOR	HOVEID		FIII. A						SOCIETY MEMBERSHIP RELEVANT TO CLASS			
	HOYS ID	FULL NAME						SOCIETY		NO		
	ADDRESS										POSTCODE	
	PHONE				MOBILE				EMAIL			
HORSE	HOYS ID		NAME						SOC REG	NO		
	HEIGHT (CM)		SEX		COLOUR	YEAR OF BIRTH	DDE	ED				
							BREED					
	SIRE				DAM	BREE	DER					
OWNER	HOYS ID	FULL NA		ANAE				SOCIETY MEMBERSHIP RELEVANT TO CLASS				
				IAIVIE	Ť.						NO	
	ADDRESS										POSTCODE	
	PHONE				MOBILE				EMAIL			
	HOYS ID	FULL NAME							SOCIETY MEMBERSHIP RELEVANT TO CLASS			
RIDER		FOLL NAIVIE		SOCIETY						NO		
	ADDRESS										POSTCODE	
	PHONE				MOBILE	E			EMAIL			
	DATE OF BIRTH	IF THE ABOVE RIDER IS UNDER 18 YEARS OF AGE, AS THEIR PARENT/GUARDIAN I HEREBY CONSENT TO THE PROCESSING OF THEIR DATA FOR THE PURPOSE OF THIS ENTRY:										

I HEREBY ACKNOWLEDGE that before making these entries I have received and carefully read the General Rules and Regulations contained within the schedule of The Scottish Horse Show & Horse of the Year Show Rulebook and that I make these entries in accordance with them. I agree in all respects to comply with and be bound by these Rules & Regulations. I understand that the organisers of The Scottish Horse Show have no liability to me for any accident, injury, damage, illness, disease or other loss occurring to my property and/or animals and shall only have liability to me for personal injury or death to the extent caused by or contributed to by their negligence. I understand that I shall be responsible to the Organising Team of The Scottish Horse Show, their principals and Grandstand Media Ltd for losses suffered by them to the extent that it arises from or is contributed to in any way by any act, neglect or omission by me or by any person for whom or of any animal for which I am responsible. I confirm I have in place adequate, sufficient third-party insurance cover for the participation at The Scottish Horse Show Qualifiers and The Scottish Horse Show, I agree that all data given upon this entry is provided to Grandstand Media Limited and stored on the Grandstand Entries System. For full policy details please visit www.grandstandentries.com.

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Print Name	Signed]	Date
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