

# NSEA EVENTER CHALLENGE QUALIFIER ENTRY FORM 2019

**Date of Event:** 27th April 2019

**Name of School** ..... **County**..... **NSEA Membership Number**.....

**Name and Address of Contact** .....

**Telephone** ..... **Email address:** .....

**TEAM MANAGER** ..... **Mobile No** .....

CLASS TEAM/ IND	RIDER	RIDER'S AGE +DOB	HORSE	ENTRY FEE £20 inc. medical	SIGNATURE OF PARENT/TEAM MANAGER (if rider under 17)

All cheques payable to “ Allens Hill Ltd ” Total Fee Enclosed including Medical cover £ .....

ENTRIES CLOSE: 19TH APRIL 2019 START TIMES will be available on [www.allenshill.co.uk](http://www.allenshill.co.uk) two days before the competition

I declare that all of the above competitors are capable of competing in the class/es they are entered for and are pupils attending the school named above in 2019. I have read and agree to abide by the NSEA Rules.

Signature (Head/Team Manager) .....

If a competitor is aged 17 years or under, the entry form must be signed by a parent/guardian or team manager. Your signature on the entry form will be deemed to be an acceptance of the Rules and Conditions contained herein.