

# INTER-SCHOOLS TEAM DECLARATION

Venue: .....

Name of School .....County.....

NSEA Membership Number.....

Name and Address of Contact

.....

Telephone .....

Email address: .....

Team manager .....

Mobile No .....

Class Team	Rider	Riders age + DOB	Horse	Entry Fee	Signature of rider/parent or team manager if under 18

**Team Declarations to:**

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 18-19.

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.