

INTER-SCHOOLS ENTRY FORM 2019

	Date of Even	t…Septembe	۶r ۱	/enueH	artpury	
Name of School		Co	unty	NSEA Membership Number		
Name and Addres	ss of Contact					
Telephone		email address:				
TEAM MANAGER			Mobile No			
Class Team/Ind	Rider	Riders age + DOB	Horse	Paramedic Cover £4 per rider /day	Entry Fee	Signature of parent or team manager if rider under 18
START TIMES will be I declare that all of th	eek before the competition available on www.nsea.org	.uk two days before the co	mpetition	ee including First /		thool named above in 2019
•	m Manager)					
If a competitor is aged acceptance of the Rule	17 years or under, the entres and Conditions contained	y form must be signed by a d herein.	a parent/guardian or tea	c c	·	