## Combined Training Championship



see www.southviewarena.com for full details

## **ENTRY FORM**

Closing Date for Entries: Noon on Monday 13th October 2014

Entry Fee: all classes £25, late entry fee £5

(<u>note</u> after the official closing date we reserve the right to invite the next competitors on the ranking list and may not therefore be able to accept your entry)

Times Available: on website after 5pm Friday 17th October 2014

| Rider         | Horse name | Class No            | Fee £ |
|---------------|------------|---------------------|-------|
|               |            |                     |       |
|               |            |                     |       |
|               |            |                     |       |
|               |            |                     |       |
|               |            |                     |       |
|               |            |                     |       |
|               |            | LATE ENTRY FEE @ £5 |       |
|               |            | DAY STABLES @ £10   |       |
| TOTAL PAYABLE |            |                     |       |

**PAY BY PAYPAL** – to <u>office@southviewarena.com</u> (please post or email your payment confirmation with your entry form)

**PAY BY CHEQUE** 

Made payable to South View Equestrian Centre PAY BY CARD

Include all bar sec code and expiry date by post or email then please text sec code/expiry/surname/event date to 07736 108495

Please Send Completed Entry and Entry Fees to: SouthView E. C, Winsford Road, Wettenhall, Cheshire, CW7 4DL

or

Email: office@southviewarena.com

**Enquiries tel: 01270 528684** 

In submitting my entry to SouthView Competition Centre, I agree to be bound by the Terms and Conditions of the event and of the Centre.

\* Fields marked asterisk must be included

| *Address: (card billing address) | COMPLETE DEBIT/CREDIT CARD DETAILS                |  |
|----------------------------------|---|--|
|                                  | ** sorry we cannot accept American Express **     |  |
|                                  | NAME AS ON CARD:                                  |  |
|                                  | CREDIT/DEBIT CARD NO:                             |  |
|                                  | SECURITY NO: EXPIRY DATE:                         |  |
| *Postcode:                       | Do not send full card details on email or post!!  |  |
| <u>*Tel: No:</u>                 | Please call or text with sec code and expiry date |  |
| *E.Mail:                         | AUTHORISING SIGNATURE:                            |  |