

NSEA ARENA EVENTING QUALIFIER ENTRY FORM 2019

Date of Event: 25th 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. first aid	SIGNATURE OF PARENT/TEAM MANAGER (if rider under 17)

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

ENTRIES CLOSE: 17TH APRIL 2019

START TIMES will be available on www.nsea.org.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.