

EVENT: _____

DATE FOR ENTRY: _____

BDRC MEMBER: YES / NO (please indicate)

CLASS	RIDER	Age If Under 16	HORSE/PONY	Fee
TOTAL				

NAME	
ADDRESS	
TELEPHONE NO:	
E-MAIL ADDRESS	

I/WE AGREE TO ABIDE BY THE RULES OF THE SHOW AS PRINTED.

SIGNED:

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