



INDOOR HDT CHAMPIONSHIP

ENTRY FORM 2009 - 2010

(Block capitals please)

Entry for the qualifiers of the Carriagehouse Insurance Championship is open to IHDT (UK) members ONLY

EVENT: _____ **DATE :** _____

Please state event and event date: CAPITAL PLEASE.

CLASS ENTERED _____ NOVICE [] OPEN [] *please tick*

DRIVERS NAME _____

ADDRESS _____

TEL: _____ FAX No. _____

DATE OF BIRTH. _____

(IF NOT 18 before 1st October 2009)

BACKSTEPPER/GROOM NAME _____

IHDT UK MEMBERSHIP No. ____ / ____ / ____

ALL competitors must be members of the IHDT UK - No entry will be accepted unless number stated.

Horse/pony	Height	Vehicle details

PLEASE NOTE: ENTRIES CLOSE TEN DAYS BEFORE EVENT DATE

ENTRY FEE ENCLOSED £ _____

I agree to abide by the rules governing this Event and Championship.

SIGNED _____ DATE _____

If a Junior SIGNED _____ Parent / Guardian.

PLEASE RETURN THIS ENTRY FORM AND ENTRY FEE TO
THE EVENT SECRETARY AS DETAILED IN THE SCHEDULE.