W E S S E X
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E N T R Y F O R M

O n e E x h i b i t p e r f o r m , c o p y r e g . d o c s n e e d e d .

Name of Exhibit: …..……...

Date of Birth: ……Sex: Colt*, Filly*, Gelding*, Mare*, Stallion*

Colour: ……

Pure Bred*, Anglo Arab*, Part Bred * *Delete as appropriate

Foals only Sire's name …… Dam's Name …….

Class Number(s): …….

Rider …….

Exhibitor: …….

Address: ……...

Owner: …….

Breeder: ……

Entry Fees (add £4 per entry for late entries)

…….. Classes @ £8.00 (Wessex Members) £11.00 (Non Members) £

Sponsorship*, Donation*, Advertising*, Trade Stand* £

B/Fwd other Exhibits £

Total £

Name of cheque signatory …… BLOCK CAPITALS

I agree to abide by the AHS Rules & the Wessex Arabian Horse Group Rules and Regulations as stated in the schedule.
I have Public Liability Insurance and/or indemnify the Wessex Group against any claim arising from the action of me or my horse(s).

Exhibitor (or Agent) Signature: ……..

Tel No …….. email …….