



INTER-SCHOOLS ENTRY FORM 2019

Date of Event...Jan..... Venue.....BCA

Name of SchoolCounty.....NSEA Membership Number.....

Name and Address of Contact

Telephone email address:.....

TEAM MANAGER Mobile No

Class Team/Ind	Rider	Riders age + DOB	Horse	Paramedic Cover £4 per rider /day	Entry Fee	Signature of parent or team manager if rider under 18

All cheques payable to "SEEM"

ENTRIES CLOSE 1 week before the competition or earlier if full
START TIMES will be available on www.nsea.org.uk two days before the competition

Total Fee including First Aid Enclosed £.....

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 2019.

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.

Special Requests