



# INTER-SCHOOLS ENTRY FORM 2019

**Date of Event...Feb ..... Venue.....West Wilts .....**

**Name of School .....County.....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"**

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

ENTRIES CLOSE 1 week before the competition or earlier if full

START TIMES will be available on [www.nsea.org.uk](http://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 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 .....