BAGNUM RIDING STABLES – Combined Training

DATE OF EVENT _____

SHOW DATE	CLASS	NAME OF HORSE/PONY	HEIGHT OF HORSE/PONY	NAME OF RIDER	ENTRY FEE
				TOTAL	

Rider's Name _____

Address _____ Telephone No. _____

_____

Cheques payable to: **BAGNUM RIDING STABLES**

ENTRIES TO: The Secretary, Mrs L. Shelton, Hill View Farm, Crow Hill Top, Crow, Ringwood, Hants, BH24 3DD