



INDOOR CARRIAGE DRIVING UK®

Affiliated to: British Carriagedriving.

DAY MEMBERSHIP FORM 2015 – 2016

(PLEASE PRINT CLEARLY IN CAPITAL LETTERS)

NAME: _____ (Mr. Mrs. Miss)

ADDRESS: _____

Town: _____

County: _____

POST CODE: _____ Tel: _____ Mobile: _____

Email address: _____

❖ **JUNIORS ONLY.** Please state your **AGE** on **1st October 2015** _____

❖ If 60 years or over please tick box. [] This *information is required for qualification purposes only.*

I am/am not a member of British Carriagedriving. Quote membership number please. _____

I am a member of the following Harness/Driving Clubs: _____

DAY MEMBERSHIP ONLY

This type of membership is valid for ONE EVENT ONLY

Please state which Area, date and event day membership required.

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Full Membership details are available on line at www.indoordriving.co.uk

Enclosed membership fee: **£7:50**

Please make your cheque payable to: **ICD UK**

I would like to become a **DAY** member of Indoor Carriage Driving and agree to abide by the Rules governing Indoor Carriage Driving.

JUNIORS ONLY. Condition of membership: Permission is granted for photographs taken of the Junior member above while actually competing may be used by Indoor Carriage Driving UK® for any publicity reasons.

Junior Parent's consent signature. (If applicable) _____ Date _____

Signed _____ Date _____

Please return with your membership fee to: ICD UK. 15. Hollow Lane, Canterbury, Kent CT1 3SB