

INDOOR CARRIAGE DRIVINGTM **CHAMPIONSHIP**

ENTRY FORM 2016 - 2017

(Block capitals please)

Entry for qualifiers of the British Indoor Carriage Driving Championship is open to ICD (UK) members ONLY

EVENT:

DATE : Please state event and event date: CAPITALS PLEASE.

FULL CLASS ENTERED	Pony[] or Horse []
(please enter <u>full</u> class, e.g. Intermediate Pony, Horse Tandem – we need to know this even the Novice Pony, Intermediate Pony, Open Pony, Novice Horse, Intermediate Horse, Open Horse Pair, Small Pony, Small Pony Pair, Pony Tandem, Horse Tandem, Horse Team, Veteran. A ju	, Novice Junior, Intermediate Junior, Open Junior, Club, Pony Team, Pony Pair, Horse
DRIVERS NAME	
ADDRESS	
TEL:M	obile :
Email:	
If on 1 st October 2016 you are UNDER the age of 18 or ov	er the age of 60yrs please tick: Junior[] Veteran[]
BACKSTEPPER/GROOM NAME	

ICD UK MEMBERSHIP No. ____ /

ALL competitors must be members of the ICD UK - No entry will be accepted unless number stated.

Horse/pony	Height	Age	Vehicle details

PLEASE NOTE: Entries close 7 days before event date but may close earlier depending on number of entries. Entering and signing this form for this qualifying event automatically gives ICD UK permission to publish any photograph taken whilst actually competing at this event regardless of age of competitor and groom/backstepper.

ENTRY FEE ENCLOSED \underline{f}

I agree to abide by the rules governing this Event and Championship.

SIGNED _____ DATE _____

If a Junior: SIGNED Parent / Guardian.

PLEASE RETURN THIS ENTRY FORM AND ENTRY FEE TO THE LOCAL EVENT SECRETARY AS DETAILED IN THE SCHEDULE.