



INDOOR CARRIAGE DRIVING™ CHAMPIONSHIP

ENTRY FORM 2018 - 2019

(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 **full** class, e.g. Intermediate Pony, Horse Tandem – we need to know this even though local events combine Intermediate and Open, Multiples etc.

One of:

Novice Pony, Intermediate Pony, Open Pony, Novice Horse, Intermediate Horse, Open Horse, Novice Junior, Club, Pony Team, Pony Pair, Horse Pair, Small Pony, Small Pony Pair, Pony Tandem, Horse Tandem, Horse Team, Veteran. A junior or veteran driving a multiple, please enter the multiple class.)

[] This is my first event in this ICD class

DRIVER NAME _____

ADDRESS _____

TEL: _____ Mobile: _____

Email: _____

If on 1st October 2018 you are UNDER the age of 18 or over 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 also 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 £ _____

I agree to abide by the rules governing this event and championship. I/we understand that ICD, British Carriage Driving (BC), BC Affiliated Clubs and the organisers of events run under ICD/BC rules all retain data provided by members and by those entering such competitions, and (2) that such data is used for running, organising and publicising events and future events (including publication of results) and also for the purposes of statistical analysis for the purpose of planning future events and developing the sport of horse driving trials.

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 EVENT SCHEDULE.