



# INDOOR CARRIAGE DRIVING UK®

Affiliated to: British Carriagedriving.

## DAY MEMBERSHIP FORM

(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 at start of season** \_\_\_\_\_

❖ 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](http://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. I give permission for my data to be used for the purposes of the sport in accordance with ICD privacy notice.

**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. Ivy Cottage, Boot Street Great Bealings, Woodbridge IP13 6PB