

Golden Cross

◆equestrian centre◆

Date of competition

OFFICIAL USE	CLASSES	HORSES NAME & Registration number for BSJA	OWNERS NAME	RIDERS NAME & Registration number for BSJA	ENTRY FEE
				Please add £3 per rider, per day towards medical cover.	
TOTAL					
Cheques payable to "Golden Cross"					£

FULL NAME AND ADDRESS: _____

TELEPHONE No: _____

I agree to abide fully by the Rule and Conditions
Of Golden Cross Equestrian Centre

_____ SIGNED