SOUTHERN DISTRICT AGRICULTURAL SOCIETY SUMMER SHOW

Great Meadow Park, Castletown, Isle of Man Saturday 27th and Sunday 28th July 2019 ENTRY FORM FOR LIGHT HORSES

ENTRIES CLOSE ON & MUST BE RECEIVED BY SUNDAY 16TH JUNE 2019

| Name of Exhibitor: Mr / Mrs / Ms / Miss | | | | | Owner: | | | |
|---|---|-----------------------------|-----------------|---------------|-----------|----------------------------|--|--------------|
| Address: | | | | | | Tel: | | |
| | | | Post cod | de: | | Email: | | |
| Cheques payable to: IO N Enquiries: Email: sdas@ | | 7624) 494497 | (No entries | accepted by | telepho | one) | | |
| Only one exhibitor to each | ch form please. One comple g to take part in the Grand | imentary entra | nce ticket w | ill be issued | l per exl | hibitor for each day of co | ompetition. | |
| NAME OF ANIMAL * Block Capitals Please | NAME OF RIDER * Block Capitals Please | DATE OF BIRTH (Rider) | STUD / ID NO | BREED | SEX | CLASS NUMBERS | ENTRY FEE £5 first entry Then £2 each class SHOWJUMPING - SEE CLASS FEES | OFFICIAL USE |
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| | | | | | | TOTAL | | |
| I agree to abide by the Rule | s and Regulations of the Isle of | Man Southern | District Agric | cultural | | | D. | |

EXHIBITOR NAME:

LIGHT HORSE CONTINUATION SHEET

| NAME OF ANIMAL | NAME OF RIDER | DATE OF | STUD / | BREED | SEX | CLASS NUMBERS | ENTRY FEE | |
|-----------------------------|-------------------------|---------|--------|-------|-----|----------------|--------------------|--------------|
| NAME OF AMMAL | NAME OF RIDER | BIRTH | ID NO | DREED | SEA | CLASS NONIDERS | £5 first entry | |
| * Block Capitals Please | * Block Capitals Please | (Rider) | ID NO | | | | Then £2 each class | OFFICIAL USE |
| District Cupitalis 1 course | Decem Cup thank I touse | (Ruci) | | | | | SHOWJUMPING - | |
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| I agree to abide by the Rules and Regulations of the Isle of Man Southern District Agricultural | | | | |
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| Society. | Signed |] | Date | |