SPORT HORSE BREEDING OF GREAT BRITAIN

96 HIGH STREET, EDENBRIDGE, KENT, TN8 5AR TEL. 01732 866277 email: office@sporthorsegb.co.uk

IMPORTANT NOTE - HOYS QUALIFIERS CANNOT BE ENTERED ON A DAY TICKET

2024 DAY TICKET APPLICATION

Day Ticket = £42 (per day ticket): A Maximum of 2 day tickets may be purchased per year and this entitles competitors to compete at a maximum of 2 shows in the year - it covers owner and rider membership together with horse registration/overstamp for those shows. If the class is a qualifying class for RIHS, in order for the qualification to be valid, application for full owner/rider membership and horse registration/overstamp must be received in the SHB(GB) office within 14 days. Before completing this form please refer to the current handbook or the rules and regulations published on the SHB(GB) website.

IMPORTANT – A COPY OF THE PAGES FROM THE HORSES PASSPORT SHOWING NAME OF ANIMAL, LINEAGE, BREEDER AND OWNERSHIP DETAILS MUST BE SUBMITTED WITH THIS FORM.

A. I	A. NAME OF HORSE				
B . 9	B. Show Name & Date				
C . (Class(es) to be entered (class title as it appears in show schedule)				
D. 3	. Sex (state Mare, Gelding or stallion)				
	0	eightColour			
1	IMPORTANT NOTE: If registering for Small Hunter Classes please see Rule 6 (n) in the 2024 SHB (GB) Rules & Regulations				
I	Breeding:		Sire	Sire	
		Sire	Dam		
			Sire		
		Dam	Dam		
ls th	ne horse h	ome produced (Yes/No)(Please re	fer to Rule 3 - Amateur status and ho	me produced definition in the 2024 Rules & Regulations)	
C . I	Name & Ad	ddress of Breeder:			
Post Code					
D . I	Name & Ad	ddress of Rider:			
				Post Code	
my of G my	knowledge Great Britai	e and belief. I declare that I have read in (see overleaf). In cases of dispute to my personal data being held and prod	and will abide by the Rule he ruling of the SHB(GB) v	e above details are correct to the best of es and Regulations of Sport Horse Breeding will be accepted. By signing below I give cordance with the General Data Protection	
OW	NER'S NA	ME (Mr/Mrs/Miss) (BLOCK CAPITALS)			
ADI	DRESS				
			.Town	Post Code	
Tele	ephone No				
Signature Date					
	I enclose my cheque made payable to SHB(GB) to the value of £42.00				
	I wish to pay by card - please contact me for card details on the following daytime contact number				
	Please email me an invoice to enable me to pay by Bank Transfer Email				