



**Wattisfield and District Riding Club**  
**Rachel Barnard Pole & Novice Jumping Clinic**  
**Saturday 14<sup>th</sup> September 2024**  
**Thistle Farm, Four Ashes, Badwell Ash IP31 3DP**

<b>Riders Name:</b>	<b>Address:</b>
<b>Horses Name:</b>	
<b>Mobile Number:</b>	
<b>Email Address:</b>	
<b>Date of clinic you wish to attend:</b>	
<input type="radio"/> Saturday 14 <sup>th</sup> September	<input type="radio"/>

Pole Work Clinic

<b>Please select the horse/rider combination' competition level: (Please Tick)</b>		
<input type="radio"/> Intro/Prelim	<input type="radio"/> Novice	<input type="radio"/> Elementary
<b>Horse's Height:</b>		

Novice Jumping

<b>Please select the horse/rider combination' competition jumping level: (Please Tick)</b>		
<input type="radio"/> Up to 40cm	<input type="radio"/> Up to 60cm	<input type="radio"/> Up to 80cm
<b>Horse's Height:</b>		

**Total Fee to Pay: WDRC Members - £22, Non Member - £30**  
**Please make Cheques payable to – Wattisfield and District Riding Club**  
**Or BACs Payment 20-16-12 33668959 reference: date of clinic**

Please send payment and this completed entry form by the Wednesday before the clinic, to:  
**Rachel Barnard, Hall Farm, Lower Road, Onehouse, Stowmarket, IP14 3BY or**  
**email [rachel.barnard94@gmail.com](mailto:rachel.barnard94@gmail.com) 07707 863023**

N.B. Non-Members need to ensure they have their own third party public liability cover.

I enclose a cheque/submitted a BACs payment of £\_\_\_\_\_ for a place in the above Clinic. By signing this entry form, I (or as a parent of a junior) understand that I'm taking part in this event at own personal risk. I understand that Wattisfield and District Riding Club and the venue owners cannot be held responsible for any accident, damage, loss or injury to any animal, human, vehicle or property whatsoever.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_