**HIGHLAND, FELL AND DALES SCOTLAND SHOW**

**BRECHIN CASTLE EQUESTRIAN CENTRE – SUNDAY, 15TH MAY 2016**

**Please make cheques payable to ‘Lesley McNaughton-Wells’** and complete the entry form legibly and where possible clearly in block capitals.

**Closing dates for entries is 16th April 2016. Entries will only be accepted if the correct payment is enclosed. Cheque or postal orders only, no cash.**

**Entry Fee: £8.00 per class**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Class**  **Number** | **Pony’s Name** | **Reg**  **No** | **Born** | **Height** | **Breeder and**  **Breed of**  **Pony** | **Sire** | **Dam** | **Owner/**  **Exhibitor** | **Rider/Handler** | **Entry**  **Fee** | **Official**  **Use** |
|  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  | First Aid per exhibitor | £2.00 |  |
|  |  |  |  |  |  |  |  |  | Total Enclosed |  |  |

I hereby certify that the above entries are correct and have read and understand the rules and conditions laid down in the schedule and agree to abide by them.

Signed: ………………………………………………………………………………

Name: ……………………………………………………………………………… So we can contact you at the event, please give:

Address: ……………………………………………………………………………. Vehicle Registration: ………………..……………. Mobile No: …….……………..…………….

………………………………………………………………………………………… **Send completed entry form with correct remittance and by relevant closing date to:**

Postcode: ………………………... Tel: …………………………………………. **Mrs L McNaughton-Wells, St Martin’s, West Tofts, Stanley, Perth, PH1 4QG**

**PROOF OF DELIVERY** - please enclose a SAE. Sorry NO Recorded/Registered post.

Email: …………………………………………………………….………………….   
 Email: lmcnaughton-wells@tesco.net Tel: 01738 827229 or 07757 435264 (strictly between 6pm and 9pm)