***CLOSING DATE FOR ALL ENTRIES IS FRIDAY 27th JULY 2018***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Class No.** | **Horse**  | **Stud Book No.** | **Date of Birth** | **Sire** | **Dam** | **Breeder** | **Entry Fee** |
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|  |  |  |  |  ***Please use reverse for additional entries*** |  |
| **Class No.** | **Young Handler/Young Judge** | **Age** | **Address** | **Entry** |
|  |  |  |  | **n/a** |
|  |  |  |  | **n/a** |

 ***Please use reverse for additional entries***

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| **FIRST TIME EXHIBITOR? (Please Tick√)** |  | **Sub Total = Number of Classes x £10.00** |  |
|  **First Aid Cover** | **£2.00** |
|  **Name** |  |  |  |
| **Address** |  | **Total** |  |
|  |  |  |
| **Postcode** |  |  |
| **Phone** |  |  **Please make cheques payable to:** ***“THE CITY OF ABERDEEN CLYDESDALE HORSE SHOW”*** |
| **Email**  |  |
| ***I certify to the best of my knowledge and belief my horses and premises are free from infectious diseases, and that a valid insurance cover extends to include any claim arising from their participation.*  *I have read and understood the rules that govern the show and the classes.* *Horses are entered completely at my risk and are sound and fit to enter the ring. I have read the entry form and schedule thoroughly and the particulars are correctly stated in accordance with the prize list.******I understand that parking will be allocated to me upon arrival at the show and agree to supervise my horse/horses at all times.*** |
| **Signed:……………………………………………………………………………………..**  | **Date:…………………………………………………..** |

**Continuation Sheet:**

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| **Class No.** | **Horse**  | **Stud Book No.** | **Date of Birth** | **Sire** | **Dam** | **Breeder** | **Entry Fee** |
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| **Class No.** | **Young Handler/Young Judge** | **Age** | **Address** | **Entry** |
|  |  |  |  | **n/a** |
|  |  |  |  | **n/a** |
|  |  |  |  | **n/a** |
|  |  |  |  | **n/a** |
|  |  |  |  | **n/a** |