THE ROYAL BATH & WEST SHOW

Shepton Mallet, Somerset
28th – 31st May 2008

Entry Form for SHOEING and SHOEMAKING COMPETITIONS

Entries Close: 2nd April

This form must be completed and returned to the Entries Office, Royal Bath & West of England Society, The Showground, Shepton Mallet, Somerset BA4 6QN, together with Entry Fees, on or before 2nd April, 2008. (Receipts will **not** be sent unless a stamped addressed envelope is enclosed)

ENTRY FEES:

Classes SH01 and SH05 to SH08: £14 inc VAT each entry. (£10 refundable. Class fee £3.40 + 60p. See Reg. 2)
Classes SH02 to SH04: No Entry Fee

Class No	No. of Entries	CLASS DESCRIPTION	Entry Fees	VAT
		SUB TOTAL:		
		I wish to order the following Pre Show Saver Tickets: ..... ADULT @ £14.47 + £2.53 VAT (Inc. 2 children free of charge) .....CHILD FOC (Maximum 2. Aged 5 to 15 years inc.) .....SENIOR CITIZENS £12.77 + £2.23 VAT (60 years and over)		
		Cheques and Postal Orders to be made payable to: *Royal Bath & West of England Society* Charity Reg. No. 1039397 VAT Reg. No. 137 8154 56 **GRAND TOTAL:**		

Payment by Access/Visa/Mastercard/Switch

Please input card security no. (last 3 digits of number next to signature on back of card). | | | |

Switch Issue No..... Start Date ..... Expiry Date .....

PLEASE NOTE: CONDITION OF ENTRY IS ALL EXHIBITORS NAMES AND ADDRESSES WILL BE PRINTED IN THE CATALOGUE.

IMPORTANT: Are you eligible for Special Prize SHS02 *YES/NO

NAME OF EXHIBITOR: _____
(Please state whether Mr, Mrs, Miss or Ms) **IN BLOCK LETTERS PLEASE**

Address: _____

_____

_____ Post Code: _____ Tel _____

PLEASE TURN OVER – IMPORTANT DETAILS TO BE COMPLETED

Classes SH01, SH05, SH07 & SH08:

Please state your: **Farrier registration number** _____

Name of your striker _____

I hereby certify that the particulars overleaf are correct to the best of my knowledge and undertake to conform to all the Rules and Regulations of the Society.

Competitors are to comply with the Health & Safety regulations and MUST provide and use their own Personal Protective Equipment.

Signature: _____ Date: _____

All Apprentices must obtain a signature from their Master certifying that they are **1st/2nd** or **3rd/4th** Apprentice.

Apprentice Name.....

I declare .....is serving a 1st or 2nd year Apprentice*/ 3rd or 4th year Apprentice.* and is entitled to enter the Shoemaking competitions.

Signed..... *Delete as appropriate

APPRENTICES PLEASE NOTE – Competitors are to comply with the Health & Safety regulations and MUST provide and use their own Personal Protective Equipment