

STAFFORDSHIRE COUNTY SHOW HORSE SHOEING COMPETITION 29th/30th MAY 2019 ENTRY FORM

A SEPARATE ENTRY FORM MUST BE COMPLETED FOR EACH COMPETITOR

NAME				
ADDRESS				
TELEPHONE No				-
	te FARRIER			
NAME OF A.T.F.,	IF APPRENTICE ENT	RY		
	PROPRIATE CLASS			
CLASS 2 C CLASS 2 r CLASS 3 C CLASS 4 V CLASS 5 V	open shoemaking both Wednesday only.	Wednesday only. days	£20 BFBA mer £20 BFBA mer	mbers £25 non members nbers £25 non members nbers £25 non members mbers £25 non members
TOTAL ENTRY F	EE AMOUNT ENCLOS	ED		
NAME OF STRIK	ER CLASS 1,2,3,			
BFBA. MEMBER	SHIP NUMBER			
BFBA STAFFOR PLEASE RETUR BFBA STAFFOR UNIT 8, CENTRA	BLE TO BFBA STAFFO DSHIRE BRANCH SO N THIS COMPLETED DSHIRE BRANCH C/O L FORGE S INDUSTRIAL PARK	RT CODE 30-98-0 ENTRY FORM WI	00 Account 024	89717
ST189QE	TELEPHONE MOBILE 07971 280478			