

**HOMELAND FARM DRESSAGE & SHOW
JUMPING .ENTRY FORM :DATE**

Class	Horse	Rider	Fee
	AIR AMBULANCE	DONATION PER RIDER (OPTIONAL)	.50
Total			

Name _____

Address _____

Telephone _____

I agree to abide by the rules...

Signed _____

E mail Address _____

Please make cheques & P.O's payable to:

KATHRYN MARSH

Send with your entry form to:

Kathryn Marsh

**Ramall ,Ringwood Rd ,Three Legged Cross
Wimborne ,Dorset BH21 6QZ**

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