Official	Use C	Only	

ENTRY FORM - 2023 AGRICULTURAL EXHIBITION

ENTRIES CLOSE MONDAY 20th MARCH 2023 – email your entry to jacherry@northrock.bm

PLEASE PRINT IN LANDSCAPE and SCAN AS A .PDF FILE – Orientation Landscape											Tick	Tick applicable box						
Name of Horse							BEF Registration No			Height Horse			,	YOB		М	G	S
Owner		E-mail address											•	Hom	e No.	С	Cell No.	
		CLASSES	SSES ENTERED number only please)			BEF Member No.		Birth Date ny/Month/Year		Age at 01 Sep 2022	& Groom Cla		Fee for Classes \$20.00 each	Form of Payment		TOTAL		
													Complete box					
I hereby accept the conditions and rules of the above Association relating to my entries in this Show, which I hereby make, to be accepted in good faith by the above Association as being true and correct. I hereby further understand that I may not hold the organizers of the Show responsible to any loss or accident or damage during the Show. Indicate day competing in applicable box below Coach and Groom limited to one wrist band per day Wrist bands must be purchased from the Exhibition Office – do not include payment here																		
NAME OF COACH					Check the box to your right Indicate if attending Practice & amount paid					oril at 22 nd			Apr Sur	1 23 rd	Riding Y/N \$25.00		TOTAL \$	
The age is required for a Junior Competitor 18 years and under. *Competitors are reminded that it is their responsibility to check in with the Collecting Ring Steward at the								Number of Rider/Drivers Thu F Listed above on this horse		Fri	Sat		the					
beginning of each class entered. EXHIBITORS ARE RESPONSIBLE FOR THEIR OWN ERRORS AND THOSE OF THEIR AGENTS IN THE PREPARATION OF THEIR ENTRY FORMS. IF PAYING ONLINE IDENTIFY - USE THE REFERENCE -AGSHO ENTRY - A/C NUMBER 20 006 060 519056 100 - BUTTERFIELD BANK NB: THOSE							Coach Thu One Wrist Band per day		hu	Fri	Sat		Wrist bands to be purchased from the Exhibition Office					
PAYING BY CHEQUE OR CASH SHOULD DELIVER SAME TO THE INWOOD ENTRY BOX WITH A COPY OF THE EMAILED ENTRY FORM							Groom Thu One wrist band per day			hu	Fri	Sat		Wrist b purcha:				
Signature of Ex	xhibitor or Agent			Date		TC	TAL AMOUN	IT PAID F	OR <u>CL</u>	ASSES (& <u>SCHO</u>	<u>OLING</u> PL	US FOR	M OF	PAYMENT	\$	''	