

BERMUDA EQUESTRIAN FEDERATION CEA DRESSAGE OFFICIAL ENTRY FORM

ENTRY FORM IS REQUIRED FOR EACH HORSE/PONY
(not horse/rider combination)



HORSE/PONY NAME	BEF REG #	HEIGHT	YOB	
REGIONAL DRESSAGE CHALLENGE RIDER	TEST ENTERED - List below TEST NAME (Training Level Test 3 & above)	JUNIOR DATE OF BIRTH Day/Month/Year	AGE AT 01 SEP	BEF Member Y/N
MINI DRESSAGE CHALLENGE RIDER	TEST ENTERED - List below TEST NAME (Intro Level A – Training Level Test 1)	JUNIOR DATE OF BIRTH Day/Month/Year	AGE AT 01 SEP	BEF Member Y/N
				SUBTOTAL
				ADMIN FEE
				TOTAL SHOW FEES

OPTIONAL - Private Clinic with Judge - Please advise if you are interested - Price to be advised (LIMITED SLOTS AVAILABLE)			
CLINIC TIMES WILL BE ORGANIZED AND SENT BY VEE MCKEY - yhmckey@yahoo.com			
RIDER	HORSE	LOCATION	FEE (TBA)

Payments to the Bermuda Equestrian Federation: Butterfield A/C 20 006 060 519056 100 (Please reference *CEA Dressage - Horse Name*)

PROOF OF PAYMENT TO THE BEF MUST ACCOMPANY ENTRIES - THEY WILL NOT BE ACCEPTED WITHOUT

Email completed form to: VHMCKEY@YAHOO.COM by 5.00 pm on Friday, November 15th.

I hereby state the above information is correct to the best of my knowledge. I agree that I will not hold the organizers or property owner of lessee responsible for any loss or damage to my horse/pony, my belongings or myself.

Signature – Rider or Parent

DATE:

TEL:

EMAIL: