



Headington School

Inter-schools

Show Jumping Competition 2012



School Name: Team Manager / Parent

Tel..... Mobile..... e-mail

Address:.....Postcode.....

I agree to abide by the rules and conditions as set out in the schedule(Team Manager/Parent's Signature)

Team Name NSEA NUMBER..... SCHOOL COUNTY.....

Class	Rider	Date of Birth	Horse	Height	Colour	Fee

Team Name

Class	Rider	Date of Birth	Horse	Height	Colour	Fee

Please add £3 per rider for medical cover SUB TOTAL £

TOTAL REMITTANCE (enclosed) £

Send completed forms with cheque (payable to Headington Equestrian) to: Mrs P Ambrose. Wayhill, Spelsbury Road, Charlbury, Oxon. OX7 3LS