NORTH AND EAST YORKSHIRE GROUP OF EGB

YORKSHIRE AWARD ENTRY FORM 2015

RIDER NAME_____ EGB MEMEBERSHIP NUMBER, IF APPLICABLE, _____FULL/ASSOCIATE

HORSE/S NAME/S_____ _____

HELPED AT_____RIDE & RIDE ORGANISER'S SIGNATURE_____

DATE	NORTH AND EAST YORKSHIRE GROUP of EGB RIDE NAME	DISTANCE IN KMS	RIDE ORGANISER'S SIGNATURE

AT THE END OF THE SEASON PLEASE SEND YOUR FORM TO THE TROPHY SECRETARY BY 30.11.2015, ADDRESS ON THE WEBSITE

DELETE AS APPROPRIATE 1 ROSETTE, this can only be collected at the AGM, not posted out

2 CERTIFICATE to be posted to NAME and ADDRESS