

KENT COUNTY SHOW
07 08 09 JULY 2017
ENTRY FORM AND PAYMENT

SCURRY

ONLINE ENTRIES AVAILABLE – WWW.KENTSHOWGROUND.CO.UK
DEADLINE FOR ALL ENTRIES – FRIDAY 19 MAY 2017

Please complete this ENTRY FORM and PAYMENT and return to:
FEATURES AND COMPETITIONS COORDINATOR, KENT COUNTY AGRICULTURAL SOCIETY,
KENT SHOWGROUND, DETLING, MAIDSTONE, KENT, ME14 3JF. 01622 630975. Cheques payable to KCAS.
 Please enclose SAE for acknowledgement. VAT No 661 9544 13. (All charges include VAT)

Exhibitor (full name)..... Mr / Mrs / Miss Initials.....

Address.....

.....Postcode

Tel No Mobile

Email.....

ACCOUNT NAME FOR PRIZE CHEQUE

KCAS Annual membership if not already paid - £55

Each additional family member - £38.50

£.....

NON MEMBER RATE

Apply for all classes listed if not a KCAS member.

NON KCAS-MEMBER

ENTRIES AT £25.00 EACH
(PER PAIR)

£.....

KCAS MEMBER RATE

Member's rates will apply for Exhibitors with Kent County Agricultural Society membership.

KCAS MEMBER

ENTRIES AT £12.50 EACH
(PER PAIR)

£.....

Stables

£40 per night for 2 stables.
 Available for 24 hours from 7pm on the night booked.

STABLE CHARGES ARE NOT REFUNDABLE.

STABLE(S) THURSDAY NIGHT. No.....

£.....

STABLE(S) FRIDAY NIGHT. No.....

£.....

STABLE(S) SATURDAY NIGHT. No.....

£.....

Parking

Horse box and trailers with towing vehicles do not require a pass for the horse box park.

Cars are NOT permitted in the Horse Box Park and require a GREEN E CAR PARK pass which is the car park closest to the Horse Box Park. GREEN E car park passes cost £5.00

GREEN E CAR PARK PASSES AT £5.00 each.

Number required:.....

£.....

(Cheques payable to KCAS) TOTAL AMOUNT DUE

£.....

PAYMENT BY CREDIT OR DEBIT CARD

Please charge £ to my Mastercard Visa

Expiry Date: /.....

Card No: Security No: (Last 3 digits on reverse of card)

Signed:

FOR OFFICIAL USE ONLY

GREEN E

Stables: THUR FRI..... SAT.....

Tickets: FRI SAT..... SUN.....

KENT COUNTY SHOW
07 08 09 JULY 2017
 ENTRIES CLOSE 19 MAY 2017

ENTRY FORM
Scurry Classes

SCURRY

Please return:

- **ENTRY FORM WITH PAYMENT IN THE *EXHIBITOR'S NAME**
 Only one exhibitor per form. **NB** The *Exhibitor's name will appear in the Show catalogue.

Exhibitor Name

Onsite contact No.

Please complete ALL sections below as per the conditions of the Schedule classes

NAME OF ANIMAL	CLASS NUMBERS	COLOUR & SEX	HEIGHT IN CMS	YEAR OF BIRTH	NAME OF DRIVER
(1)					Name
NAME OF OWNER					
BRED BY					
(2)					Name
NAME OF OWNER					
BRED BY					
(3)					Name
NAME OF OWNER					
BRED BY					
(4)					Name
NAME OF OWNER					
BRED BY					
(5)					Name
NAME OF OWNER					
BRED BY					

I/WE ACKNOWLEDGE THAT I/WE ARE TAKING PART IN A RISK SPORT AND CONFIRM THAT THE RIDERS/HANDLER(S) ARE COMPETENT & EXPERIENCED TO COMPETE AT THE LEVEL OF COMPETITION IN WHICH ENTERED. I ALSO DECLARE THE ABOVE ENTRIES ARE IN ACCORDANCE WITH THE RULES & REGULATIONS OF THE SOCIETY TO WHICH I AGREE TO CONFORM. ALL ANIMALS ENTERED ON THIS FORM WILL HAVE RECEIVED EITHER A PRIMARY COURSE OR BOOSTER VACCINATION FOR EQUINE INFLUENZA. EQUINE PASSPORTS MUST BE CARRIED.

SIGNED..... **DATED**.....