

REGISTRATION FORM

Complete & send to

Ms W SCOTT. BSTD. 6 WHITELAND RISE, WESTBURY, WILTSHIRE, BA13 3HP

More Information or not sure of something?

Ivor Williams 01373 865824 : 07879 272984 or Email wwilliams61@aol.co.uk

Carole Davenport 01507 327004 : 07931 876046 or Email caroledavenport666@btinternet.com

Please tick

Please tick **(£30 PER COMPETITOR IF PAID BEFORE 1ST APRIL 2021)**

TYPE OF REGISTRATION	£40		£15	PAYMENT
COMPETITOR		SUPPORTER		BACS - LLOYDS BANK Sort Code 30-90-91. Account No 69562960 CHEQUES - BRITISH SCURRY AND TRIALS DRIVING

TITLE	Eg : Mr, Mrs, Miss, Ms, Doctor -
NAME	
HOME TEL	
MOBILE	
Email	
ADDRESS	
POST CODE	

ANOTHER DRIVER/s AT THE SAME ADDRESS?

TITLE	Eg : Mr, Mrs, Miss, Ms, Doctor -
NAME/s	
MOBILE	
Email	
JUNIOR DRIVER	
Date of Birth	(under 18yrs)

- A copy of public liability insurance which covers the driver for competing in timed arena competitions must accompany this form.
- The registration period runs from 1st February to 31st December in the same year.
- Multiple drivers in one family and residing at the same address must all sign this document.
- I agree to abide by the rules contained in the Official BSTD Rule Book ©
- Equine Anti-doping and Controlled Medication Rules (Mandatory - your registration will not be processed if this is not completed) I agree to be bound by the BEF Equine Anti-doping and Controlled Medication Rules and the BEF Anti Doping Rules for Human Athletes as amended from time to time, copies of which can be found on the British Equestrian Federation Website at www.bef.co.uk.

Signature :- _____ Date :- _____

Signature :- _____ Date :- _____

Print name/s :- _____