



THIS FORM IS COMPULSORY FOR EACH EXHIBITOR ENTERING THE BUCKS COUNTIES SPECTACULAR SHOW

THIS FORM MUST BE COMPLETED IN FULL AND SENT IN AT THE SAME TIME OF ENTRY.

FAILURE TO SEND THIS FORM COMPLETED WITH YOUR ENTRY FORM WILL RESULT IN YOUR ENTRY BEING VOID AND NOT ACCEPTED! PLEASE PROVIDE THE FOLLOWING INFORMATION

A MAXIMUM OF 3 PEOPLE MAY ATTEND THE SHOW PER HORSE, PER ENTRY.

A Maximum Of 3 People May Attend The Show Per Horse. This Includes The Rider Or Handler. Under 18s Must Have A Parent Or Guardian With Them.

ATTENDEES – GROUP OF 3 PER HORSE PER ENTRY

VEHICLE REGISTRATION NUMBER: _____

Number Of Vehicles: _____ (Maximum Of 2 Vehicles Per Form, If Group Are Travelling Separately. Please Ask Another Member To Complete A form For Any Additional Vehicles)

1 **NAME OF HANDLER OR RIDER:** _____
ADDRESS: _____

POSTCODE: _____
CONTACT NUMBER: _____ **EMAIL:** _____

2 **NAME OF GROOM:** _____
ADDRESS: _____

POSTCODE: _____
CONTACT NUMBER: _____ **EMAIL:** _____

3 **NAME OF VEHICLE DRIVER:** _____
ADDRESS: _____

POSTCODE: _____
CONTACT NUMBER: _____ **EMAIL:** _____

BUCKS COUNTIES SPECTACULAR SHOW WILL NOT UNDER ANY CIRCUMSTANCES ACCEPT ANY RESPONSIBILITY FOR THE POTENTIAL EFFECTS OF CONTRACTING COVID-19 AT THIS EVENT
ANYONE SHOWING ANY SYMPTOMS OR HAS BEEN IN RECENT CONTACT WITH SOMEONE THAT HAS COVID MUST NOT ATTEND THE SHOW

Signing This Form Confirms That All Of The Information You Have Provided Is Accurate And You Have Read And Understood The Shows Rules

Name _____ Signature _____ Date _____

THIS INFORMATION WILL BE NOT BE DISCLOSED WITH ANY THIRD PARTY UNLESS IT IS REQUESTED BY THE GOVERNMENT COVID-19 TRACK AND TRACE SCHEME, THIS FORM WILL BE KEPT 21 DAYS AFTER THE SHOW AND WILL THEN BE CONFIDENTIALLY DESTROYED